



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
1338389		Tin Man Ministries Incorporated			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		Advocate for victims of the sex trade/Provide safe home-healing and restoration.			
5. Principal Office Address		City	State	Zip	
1551 Ten Rod Road		Exeter	RI	02822	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Holly Otten		Vice-President Name Steven Otten			
Street Address 1551 Ten Rod Rd		Street Address 1551 Ten Rod Road			
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name Kitt Clapp		Treasurer Name Cherylann Wilkinson			
Street Address 62 Robert St.		Street Address 249 Mill Creek Drive			
City West Warwick	State RI	Zip 02893	City North Kingstown	State RI	Zip 02852
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name Lee Ann Jandz			
Street Address		Street Address 92 Sevilla Ave			
City	State	Zip	City Warwick	State RI	Zip 02889
Director Name Darlene Lemoi		Director Name August Boylan			
Street Address 105 Howard Ave.		Street Address 20 Rowan St.			
City Hope	State RI	Zip 02831	City Providence	State RI	Zip 02908
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 841.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Holly Otten				Date 6-9-16	
Signature of Officer/Authorized Representative <i>Holly Otten</i>					

FILED 1013

JUL 11 2016

BY Id