



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2016

**1. Corporate ID No.** 000794194

**2. Name of Corporation** Worship Arts Restoration

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 23 ANSTIS STREET

City or Town: CRANSTON

State: RI

Zip: 02905

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

DEDICATED TO THE PRESERVATION, RESTORATION AND PROMOTION OF PERFORMING AND VISUAL ARTS WHICH PROMOTE BIBLICAL BELIEFS AND PRACTICES.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	MELODIE THOMPSON	23 ANSTIS STREET CRANSTON, RI 02905 USA
TREASURER	MYRNA RATCHFORD	71 RAYMOND STREET

		PROVIDENCE, RI 02908 USA
DIRECTOR	MYRNA RATCHFORD	71 RAYMOND ST PROVIDENCE, RI 02908 USA
DIRECTOR	KORMASA TRAUB AMOS	112 MAYFIELD ST CRANSTON, RI 02920 USA
DIRECTOR	MELODE THOMPSON	23 ANSTIS STREET CRANSTON, RI 02905 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MELODIE THOMPSON 23 ANSTIS STREET CRANSTON , RI 02905

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 12 Day of July, 2016 at 4:23:49 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By MELODIE THOMPSON  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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