



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

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 SECRETARY OF STATE
 CORPORATIONS DIV.
 2016 JUL 26 PM 12:57

Annual Report for the year: 2016
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 147076		2. Exact name of the Corporation Bethel's Prayer Ladder ministry	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Disseminate written materials training in the effort of spreading the gospel	
5. Principal Office Address P.O. Box 2074		City Pawtucket	State RI
		Zip 02861-0074	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Patricia M. Francis		Vice-President Name Alynn Ortiz	
Street Address P.O. Box 2074		Street Address 22 Garfield St apt 3	
City Pawtucket	State RI	City Central Falls	State RI
Zip 02861		Zip 02863	
Secretary Name Debra Graham Hargis		Treasurer Name Pastor Nathaniel Witchey	
Street Address 28 Newark St		Street Address 58 Pleasant view Ave	
City Providence	State RI	City Johnson	State RI
Zip 02908		Zip 02919	
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 Debra Graham Hargis		Director Name Tami Miller	
Street Address 28 Newark St		Street Address 20 St James St	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Director Name Pastor Gary Prodigen		Director Name Diane Ruth Kindred	
Street Address 626 More Swamp Rd		Street Address 87 Gallup St	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative President		Date 07/26/16	
Signature of Officer/Authorized Representative <i>[Signature]</i>			
SIGN DOCUMENT HERE			

FILED

JUL 26 2016

By 279908

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov