State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2016 DEC 20 AM 11:18

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	2. Exact name of the Corporation
000870020	POWER LIFE CHARISMATIC MINISTRIES INTERNATIONAL
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	TO PROCLAIM CHRIST AND HIS LIFE CHANGING MESSAGE TO OUR COMMUNITIES

5. Principal Office Address	City	State	Zip
250 WADSWORTH STREET	PROVIDENCE	RI	02905

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name DANIEL DODD			Vice-President Name BERTHA DODD		
Street Address 53 VICTORY STREET			Street Address 53 VICTORY STREET		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
Secretary Name NATHANIEL SAM			Treasurer Name GRETA SAINT-LEGER		
Street Address 53 VICTORY STEET			Street Address 31 COVELL STREET		
City CRANSTON	State RI	Zip 02910	City PROVIDENCE	State RI	Zip 02909

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name DANIEL DODD			Director Name DANIEL OFORI		
Street Address 53 VICTORY STREET			Street Address 315 EAST AVE APT. 7		
City CRANSTON	State RI	Zip 02910	City PAWTUCKET	State RI	Zip 02860
Director Name BISHOP JOSEPH QUAINOO			Director Name FRANKIE ANKOMA		
Street Address 442 SYLVAN COURT			Street Address 315 EAST AVE APT 7		
City SAUNDERSTOWN	State RI	Zip 02874	City PAWTUCKET	State RI	Zip 02860

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.

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	Date
DANIEL DODD	12/20/16

Signature of Officer/Authorized Representative

FILED

DEC 20 2016

BY 291256

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

FORM 631 - Revised: 05/2016