



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

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 R.I. DEPT. OF STATE
 BUSINESS DIV.

2017 JAN 23 PM 2:41

1. Entity ID Number 505254		2. Exact name of the Corporation Ghanaian Ministers' Council of RI & Virginia			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Fellowship (Non-Profit)			
5. Principal Office Address 1290 Westminister St		City Prov.	State RI	Zip 02909	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dr. Joseph Quainoo			Vice-President Name		
Street Address 442 Sylvan Ct			Street Address		
City Saunderstown	State RI	Zip 02874	City	State	Zip
Secretary Name Rev. Nana Danquah			Treasurer Name		
Street Address 1290 Westminister St			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
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 Dr. Joseph Quainoo			Director Name Elder Samuel Pinkrah		
Street Address 442 Sylvan Ct			Street Address Box 23223		
City Same	State	Zip	City Providence	State RI	Zip 02903
Director Name Rev. Nana Danquah			Director Name		
Street Address (same as above)			Street Address		
City	State	Zip	City	State	Zip
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Bishop Joseph Quainoo				Date Jan 23, 2017	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

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

JAN 23 2017
 BY **C 13899550**