



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

2017 JUN - 1 AM 10:59
 STATE
 DEPARTMENT OF STATE

Annual Report for the year: 2017
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 507048		2. Exact name of the Corporation TK MINISTRIES INC	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Collecting Food at music concert & Distributing to Food Shags, Food kitchens + Food cupboards (Soup)	
4. NAICS Code 624210			
6. Principal Office Address 20 Bradford St		City warren	State RI
		Zip 02885	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DONALD SMITH		Vice-President Name CAROLE SMITH	
Street Address 20 Bradford St		Street Address 20 Bradford St	
City Warren	State RI	Zip 02885	City WARREN
			State RI
			Zip 02885
Secretary Name SONIA FRIAS		Treasurer Name (NONE)	
Street Address 41 Orchard Street		Street Address	
City Barrington	State RI	Zip 02806	City
			State
			Zip
8. 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 Donald Smith		Director Name Carole Smith	
Street Address 20 Bradford St		Street Address 20 Bradford St	
City Warren	State RI	Zip 02885	City Warren
			State RI
			Zip 02806
Director Name SONIA FRIAS		Director Name (None)	
Street Address 41 Orchard St		Street Address	
City Barrington	State RI	Zip 02806	City
			State
			Zip
9. 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 DONALD Smith			Date June 1 2017
Signature of Officer/Authorized Representative <i>[Signature]</i>			

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

FILED

JUN 01 2017

BY [Signature]