State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017** 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	2. Exact name of the Corporation
000106286	**THE EVANS MINISTRIES**
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island
RI	**RELIGIOUS ORGANIZATION EQUIPPING PEOPLE FOR LIFE BY PROVIDING RESOURCES FOR INDIVIDUALS AND NON-PROFIT ORGANIZATIONS**
4. NAICS Code	
813110	

6. Principal Office Address	City	State	Zip
21 ANITA RD	**JOHNSTON**	**RI**	**02919**

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

President Name **RICHARD W EVANS**			Vice-President Name **PHIL SHAW**		
Street Address **584 LINCOLN AVE NW**			Street Address **18603 GOODMAN CIR**		
City **PORT CHARLOTTE**	State **FL**	Zip **33952**	City **PORT CHARLOTTE**	State **FL**	Zip **33948**
Secretary Name **SALLY DROST**			Treasurer Name **FRANK BRESSETTE**		
Street Address **919 JARVIS TERR**			Street Address **21 ANITA RD**		
City **PORT CHARLOTTE**	State **FL**	Zip **33948**	City **JOHNSTON**	State **RI**	Zip **02919**

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

Director Name **FRANK BRESSETTE**			Director Name **SUSAN BRESSETTE**		
Street Address **21 ANITA RD**			Street Address **21 ANITA RD**		
City **JOHNSTON**	State **RI**	Zip **02919**	City **JOHNSTON**	State **RI**	Zip **02919**
Director Name **SALLY DROST**			Director Name **PHIL SHAW**		
Street Address **919 JARVIS TERR**			Street Address **18603 GOODMAN CIR**		
City **PORT CHARLOTTE**	State **FL**	Zip **33948**	City **PORT CHARLOTTE**	State **FL**	Zip **33948**

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.

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
RICHARD W EVANS, PRESIDENT	6-1-2017

Signature of Officer/Authorized Representative: Richard W Evans

SIGN DOCUMENT HERE

FILED

JUN 05 2017

BY 12816

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: 05/2017