



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

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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2017 JUN 30 AM 9:15

1. Entity ID Number 000130614		2. Exact name of the Corporation Liberia Prayer Vigil Inc	
3. State of Incorporation Maryland		5. Brief description of the character of business conducted in Rhode Island Prayer Mentoring, fellowship, business meetings, fundraiser, annual Prayer Vigils, local projects and Ministry.	
4. NAICS Code 813219			
6. Principal Office Address 1401 Elfin Court		City Frederick	State MD
		Zip 21703	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Nancy T. Burphy		Vice-President Name Lydia Mayson	
Street Address 12734 Holiday Lane		Street Address 209 East Street apt. 1	
City Bowin	State MD	City Pawtucket	State RI
Zip 20716		Zip 02860	
Secretary Name Selma Yahnuque		Treasurer Name Gemether Banks	
Street Address 5219 Granite Creek LA		Street Address 8235 Abbottsgate lane	
City Charlotte	State NC	City Charlotte	State NC
Zip 28269		Zip 28269	
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 Nancy T. Burphy		Director Name Lydia Mayson	
Street Address 12734 Holiday Lane		Street Address 209 East Street apt. 1	
City Bowie	State MD	City Pawtucket	State RI
Zip 20716		Zip 02860	
Director Name Martha E. Summerville Weeks		Director Name	
Street Address 1401 Elfin Court		Street Address	
City Frederick	State MD	City	State
Zip 21703		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 Lydia Mayson		Date 6/30/17	
Signature of Officer/Authorized Representative Lydia Mayson			

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 30 2017
 BY **JB 17648928**