



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 001663708

**2. Name of Corporation** Birthing Your Purpise Through Your Pain Ministry (BYPTYPMINISTRY)

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813110

**4. Corporate Address in Rhode Island**

No. and Street: 93 ELDRIDGE STREET

City or Town: CRANSTON

State: RI

Zip: 02910

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

PURPOSE OF WHICH THE CORPORATION IS ORGANIZED ARE, TO TEACH AND TO TRAIN PEOPLE FROM ALL WALK OF LIFE. TEACHING, REACHING, HELPING, AND EDUCATING THOSE WHO ARE DEALING WITH HURTING HEARTS, LOST LOVE ONES, LOST THEIR WAY, HOMELESS, HOPELESS, HELPLESS, THROUGH LIFE STRUGGLES, THESE THINGS WILL BE DONE BY THE HOLY SCRIPTURES, HELPING HANDS, AND THE POWER OF CHRIST.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
INCORPORATOR	DOLORES HEATH	30 PRENTICE AVE. PAWTUCKET, RI 02860 USA
INCORPORATOR	JUDY ANNE GALMER	93 ELDRIDGE STREET PROVIDENCE, RI 02910 USA
INCORPORATOR	APRIL SAMUEL	756 QUAKER LANE WARWICK, RI 02886 USA
INCORPORATOR	SHIRLEY ODUFUNADE	315 ELMWOOD AVE., #2C PROVIDENCE, RI 02907 USA
DIRECTOR	SHIRLEY ODUFUNADE	315 ELMWOOD AVE., #2C PROVIDENCE, RI 02907 USA
DIRECTOR	APRIL SAMUELS	756 QUAKER LANE WARWICK, RI 02886 USA
DIRECTOR	DOLORES HEATH	30 PRENTICE AVE. PAWTUCKET, RI 02860 USA
DIRECTOR	JUDY ANNE GALMER	93 ELDRIDGE AVE. CRANSTON, RI 02910 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JUDY A. GALMER 93 ELDRIDGE STREET CRANSTON , RI 02910

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 28 Day of July, 2017 at 3:04:56 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By JUDY A. GALMER  
Signature of Authorized Person

Form No. 631  
Revised 09/07