RI SOS Filing Number: 201862416660 Date: 4/18/2018 3:13:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

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SECRETARY OF STATE
CORPORATIONS DIV

2018 APR 18 PM 3: 12

→ 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				
1664214	Flowing oil Kingdom Assemblies International Inc NFP				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island Fon Charitable				
RI	educational and religious purposes. Including the making of distributions to organizations which quality as exemplender Section 501(c)(s) of the IRS Code				
4. NAICS Code	under Sec	tion 501(c)	(1) of The IRS Cod	in the second	y we exempt
813110			<u> </u>		
6. Principal Office Address			City	State	Zip
1370 Plainfield St			Cranston	KI.	02920
7. List ALL officers (names and addresses)			Check the box to indicate an attachment		
President Name Llonel E Brown In			Vice-President Name Leonard Brown Sn		
Street Address 1370 Planfield St			Street Address 1370 Plainfield St		
city Cranston		<u> </u>	City		
Secretary Name Troylynda Williams			Treasurer Name DeAnna Tomlinson		
Street Address 1370 Plainfield 3+			Street Address 1370 Plain field 34		
City Cranston			City Cranstan		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Joseph Williams			Director Name James Mc Namara		
Street Address 1370 Plain Field St			Street Address 1370 Plain Field St		
city Cranston	State RI	ZIPO2920	City Cranston	State	Zip 02920
			Director Name		
Street Address 1370 Plainfield St			Street Address		
Cranston	State RI	Zip 02920	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.					
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 Lionel & Brown Jr. Date Date					
Signature of Officer/Authorized Representative					
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MAIL TO: Division of Business Services 3:13 av M3-4341214					

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 631 - Revised: 11/2017