



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

Annual Report for the year:
Non-Profit Corporation

2017

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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SECRETARY OF STATE
CORPORATIONS DIV

2018 APR 18 PM 3:12

1. Entity ID Number 1664219		2. Exact name of the Corporation Flowing oil Kingdom Assemblies International Inc NFP	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island <i>For Charitable educational and religious purposes. Including the making of distributions to organizations which qualify as exempt under Section 501(c)(3) of the IRS Code</i>	
4. NAICS Code 813110			
6. Principal Office Address 1370 Plainfield St		City Cranston	State RI
		Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Lionel E Brown Jr		Vice-President Name Leonard Brown Sr	
Street Address 1370 Plainfield St		Street Address 1370 Plainfield St	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Secretary Name Troylynda Williams		Treasurer Name DeAnna Tomlinson	
Street Address 1370 Plainfield St		Street Address 1370 Plainfield St	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
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 Joseph Williams		Director Name James Mc Namara	
Street Address 1370 Plainfield St		Street Address 1370 Plainfield St	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Director Name Malinda Becks		Director Name	
Street Address 1370 Plainfield St		Street Address	
City Cranston	State RI	City	State
Zip 02920		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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative Lionel E Brown Jr		Date APR 18 2018	
Signature of Officer/Authorized Representative <i>Lionel E Brown Jr</i>			