STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 ● Filing Fee: $20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
28708	HOUSE OF MANNA MINISTRIES		
3. State of Incorporation	4. Corporate address in Rhode Island -Street Address	City	Zip
RHODE ISLAND	807 PONTIAC AVENUE	CRANSTON	02910-
5. Foreign corporation: Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
RELIGIOUS WORSHIP, TRAINING AND EDUCATIONAL TRAINING

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Robert L Robinson	807 Pontiac Ave	Cranston	RI	02910

Vice President Name	Street Address	City	State	Zip
Glenda Robinson	807 Pontiac Ave	Cranston	RI	02910

Secretary Name	Street Address	City	State	Zip
Tisha Horan	146 Harold St.	Providence	RI	02909

Treasurer Name	Street Address	City	State	Zip
Glenda Robinson	807 Pontiac Ave	Cranston	RI	02910

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3) R.I.G.L. 7-6-23

Director Name	Street Address	City	State	Zip
Daniel Mallet	21 Laban St.	Providence	RI	02909

Director Name	Street Address	City	State	Zip
Catherine Threats	106 Comstock Ave	Providence	RI	02905

Director Name	Street Address	City	State	Zip
Tisha Horan	146 Harold St.	Providence	RI	02909

Director Name	Street Address	City	State	Zip

9. REGISTERED AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 641 -R.I.G.L. 7-6-13 / 7-6-78

Agent Name	Address		
Rev. Robert L Robinson			
Address	**City**	**Zip**	
807 Pontiac Ave	Cranston	RI	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 2 8 7 0 8 [redacted]

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.

Signature of Officer — *Date* 5-26-05

Robert L Robinson
Print or Type Name of Officer

[redacted] President
Title of Officer

28708 DNP 05/26/05 11:33:56 AM
File Date 5-31-05
Check No. 434
By:
FOR SECRETARY OF STATE USE ONLY

Form 631 Rev. 6/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: June 1 - June 30 ● Filing Fee: $20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
28708	HOUSE OF MANNA MINISTRIES		
3. State of Incorporation	4. Corporate address in Rhode Island -Street Address	City	Zip
RHODE ISLAND	807 PONTIAC AVENUE	CRANSTON	02910-
5. Foreign corporation: Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
RELIGIOUS WORSHIP, TRAINING AND EDUCATIONAL TRAINING

7. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Robert L Robinson			Glenda Robinson		
Street Address			Street Address		
807 Pontiac Ave			807 Pontiac Ave		
City	State	Zip	City	State	Zip
Cranston	RI	02910	Cranston	RI	02910
Secretary Name			**Treasurer Name**		
Delores Madyen			Glenda Robinson		
Street Address			Street Address		
49 Maude St.			807 Pontiac Ave		
City	State	Zip	City	State	Zip
Providence	RI	02908	Cranston	RI	02910

8. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3) R.I.G.L. 7-6-23

Director Name			Director Name		
Robert L Robinson			Glenda Robinson		
Street Address			Street Address		
807 Pontiac Ave			807 Pontiac Ave		
City	State	Zip	City	State	Zip
Cranston	RI	02910	Cranston	RI	02910
Director Name			**Director Name**		
Delores Madyen					
Street Address			Street Address		
49 Maude St.					
City	State	Zip	City	State	Zip
Providence	RI	02908			

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

Agent Name		Address	
Rev. Robert L Robinson		807 Pontiac Ave	
Address		City	Zip
		Cranston	02910

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 28708

28708 DNP 06/04/04 05:00:17 PM
File Date RECEIVED
Check No. JUN 07 2004
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Robert L. Robinson 6/4/04
Signature of Officer *Date*

Robert L Robinson
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 631 Rev. 6/02

Ammended 7/19/04

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: June 1 - June 30 ● Filing Fee: $20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
28708	HOUSE OF MANNA MINISTRIES		
3. State of Incorporation	4. Corporate address in Rhode Island -Street Address	City	Zip
RHODE ISLAND	807 PONTIAC AVENUE	CRANSTON	02910-
5. Foreign corporation: Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
RELIGIOUS WORSHIP, TRAINING AND EDUCATIONAL TRAINING

7. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Robert L Robinson			Glenda Robinson		
Street Address			Street Address		
807 Pontiac Ave			807 Pontiac Ave		
City	State	Zip	City	State	Zip
Cranston	RI	02910	Cranston	RI	02910
Secretary Name			Treasurer Name		
Tisha Horan			Glenda Robinson		
Street Address			Street Address		
146 Harold St.			807 Pontiac Ave		
City	State	Zip	City	State	Zip
Providence	RI	02909	Cranston	RI	02910

8. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3) R.I.G.L. 7-6-23

Director Name			Director Name		
Daniel Mallet			Catherine Threats		
Street Address			Street Address		
21 Laban St.			106 Comstock Ave		
City	State	Zip	City	State	Zip
Providence	RI	02909	Providence	RI	02905
Director Name			Director Name		
Tisha Horan					
Street Address			Street Address		
146 Harold St.					
City	State	Zip	City	State	Zip
Providence	RI	02909			

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

Agent Name	Address		
Rev. Robert L Robinson			
Address	City	Zip	
807 Pontiac Ave	Cranston	02910	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 28708 [redacted]

28708 DNP 07/19/04 01:48:11 PM
File Date FILED
Check No. JUL 19 2004
By: By
FOR SECRETARY OF STATE USE ONLY

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.

Robert L. Robinson 7/19/04
Signature of Officer *Date*

Robert L Robinson
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 631 Rev. 6/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: June 1 - June 30 ● Filing Fee: $20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
28708	HOUSE OF MANNA MINISTRIES		
3. State of Incorporation	4. Corporate address in Rhode Island -Street Address	City	Zip
RHODE ISLAND	807 Pontiac Ave	Cranston	02910
5. Foreign corporation: Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
RELIGIOUS WORSHIP, TRAINING AND EDUCATIONAL TRAINING

7. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Robert L Robinson			Glenda Robinson		
Street Address			Street Address		
807 Pontiac Ave			807 Pontiac Ave		
City	State	Zip	City	State	Zip
Cranston	RI	02910	Cranston	RI	02910
Secretary Name			Treasurer Name		
Delores Madyun			Glenda Robinson		
Street Address			Street Address		
49 Maude St.			807 Pontiac Ave		
City	State	Zip	City	State	Zip
Providence	RI	02908	Cranston	RI	02910

8. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3).R.I.G.L 7-6-23

Director Name			Director Name		
Robert Robinson			Glenda Robinson		
Street Address			Street Address		
807 Pontiac Ave			807 Pontiac Ave		
City	State	Zip	City	State	Zip
Cranston	RI	02910	Cranston	RI	02910
Director Name			Director Name		
Delores Madyun					
Street Address			Street Address		
49 Maude St.					
City	State	Zip	City	State	Zip
Providence	RI	02908			

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

Agent Name	Address		
REV. ROBERT L. ROBINSON	807 PONTIAC AVENUE		
Address	City	Zip	
	CRANSTON	02910-	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

* 2 8 7 0 8 *

**28708* 5/31/0311:47:58 AM*
File Date 6-2-03
Check No. 112
By:
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer *Date* 5/31/03

Robert L Robinson
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 631 Rev. 6/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: June 1 - June 30 ● Filing Fee: $20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
28708	HOUSE OF MANNA MINISTRIES		
3. State of Incorporation	4. Corporate address in Rhode Island -Street Address	City	Zip
RHODE ISLAND	263 SWAN STREET	PROVIDENCE	02905
5. Foreign corporation: Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
RELIGIOUS WORSHIP, TRAINING AND EDUCATIONAL TRAINING

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Robert Robinson	807 Pontiac Ave	Cranston	RI	02910

Vice President Name	Street Address	City	State	Zip
Glenda Robinson	807 Pontiac Ave	Cranston	RI	02910

Secretary Name	Street Address	City	State	Zip
Delores Madyun	49 Maude St.	Providence	RI	02908

Treasurer Name	Street Address	City	State	Zip
Glenda Robinson	807 Pontiac Ave	Cranston	RI	02910

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3).R.I.G.L.7-6-23

Director Name	Street Address	City	State	Zip
Robert Robinson	807 Pontiac Ave	Cranston	RI	02910

Director Name	Street Address	City	State	Zip
Glenda Robinson	807 Pontiac Ave	Cranston	RI	02910

Director Name	Street Address	City	State	Zip
Delores Madyun	49 Maude St	Providence	RI	02908

Director Name	Street Address	City	State	Zip

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

Agent Name	Address	City	Zip
REV. ROBERT L. ROBINSON	263 SWAN STREET	PROVIDENCE	02905

AUG 22 2002 02 PM 11 SECRETARY OF STATE RECEIVED

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

28708

**28708* 8/25/026:5[illegible]PM
File Date FILED
Check No. AUG 28 2002
By: By Comm
FOR SECRETARY OF STATE USE ONLY

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.

Robert L. Robinson
Signature of Officer *Date*

Robert L. Robinson
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 631 Rev. 6/02

Filing Fee: $20.00

To be filed annually during the month of June

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

NON-PROFIT CORPORATION

Corporate ID Number DNP-28708 Annual Report for the year 2001

1. The name of the corporation is HOUSE OF MANNA MINISTRIES
2. The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND
3. The address of the registered office of the corporation in this state is 263 SWAN STREET PROVIDENCE, RI 02905
   and the name of its registered agent in this state at that address is REV. ROBERT L. ROBINSON
4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is
   Religious worship, training and educational training
5. If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is
6. Corporate address in Rhode Island 263 Swan Street
   Providence, RI 02905
7. Names and addresses of its directors and officers: *(In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)*

NAME	OFFICE	ADDRESS
Robert Robinson	Director	263 Swan Street, Providence, RI 02905
Glenda Robinson	Director	263 Swan Street, Providence, RI 02905
Delores Madyun	Director	49 Maude Street, Providence, RI 02908
Robert Robinson	President	263 Swan Street, Providence, RI 02905
Glenda Robinson	Vice-President	263 Swan Street, Providence, RI 02905
Delores Madyun	Secretary	49 Maude Street, Providence, RI 02908
Glenda Robinson	Treasurer	263 Swan Street, Providence, RI 02905

Dated: June 15, 2001

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.

HOUSE OF MANNA MINISTRIES
Exact Name of Corporation

By Robert L. Robinson

Title President
(Report must be signed by an officer)

* 2 8 7 0 8 *

FOR SECRETARY OF STATE USE ONLY
File Date: 6-25-01
Check No.: 568
By: tom F

Form No. 631
Revised 5/98

Filing Fee: $20.00

To be filed annually during the month of June

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

NON-PROFIT CORPORATION

Corporate ID Number NO-28708 Annual Report for the year 2000

1. The name of the corporation is FAITH AND DELIVERANCE CENTER
2. The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND
3. The address of the registered office of the corporation in this state is 263 SWAN STREET, PROV. RI 02905 and the name of its registered agent in this state at that address is REV. ROBERT L. ROBINSON
4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is Religious worship, training and educational training
5. If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is
6. Corporate address in Rhode Island 263 Swan Street Providence, RI 02905
7. Names and addresses of its directors and officers: *(In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)*

NAME	OFFICE	ADDRESS
Robert L. Robinson	Director	263 Swan Street, Providence, RI 02905
Glenda Robinson	Director	263 Swan Street, Providence, RI 02905
Delores Madyun	Director	49 Maude Street, Providence, RI 02908
Robert L. Robinson	President	263 Swan Street, Providence, RI 02905
Glenda Robinson	Vice-President	263 Swan Street, Providence, RI 02905
Delores Madyun	Secretary	49 Maude Street, Providence, RI 02908
Glenda Robinson	Treasurer	263 Swan Street, Providence, RI 02905

RECEIVED APR 23 12 32 PM '01 SECRETARY OF STATE CORPORATIONS DIV.

Dated: April 21, 2001

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.

FAITH AND DELIVERANCE CENTER
Exact Name of Corporation

By Robert Louis Robinson

Title President
(Report must be signed by an officer)

FILED
APR 23 2001
By 26/995

Form No. 631
Revised 01/99

Filing Fee: $20.00

To be filed annually during the month of June

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

NON-PROFIT CORPORATION

Corporate ID Number ND-28708

Annual Report for the year 1999

1. The name of the corporation is FAITH AND DELIVERANCE CENTER
2. The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND
3. The address of the registered office of the corporation in this state is 263 SWAN STREET, PROV. RI 02905 and the name of its registered agent in this state at that address is REV. ROBERT L. ROBINSON
4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is Religious worship, training and educational training
5. If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is
6. Corporate address in Rhode Island 263 Swan Street, Providence, RI 02905
7. Names and addresses of its directors and officers: *(In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)*

NAME	OFFICE	ADDRESS
Robert L. Robinson	Director	263 Swan Street, Providence, RI 02905
Glenda Robinson	Director	263 Swan Street, Providence, RI 02905
Delores Madyun	Director	49 Maude Street, Providence, RI 02908
Robert L. Robinson	President	263 Swan Street, Providence, RI 02905
Glenda Robinson	Vice-President	263 Swan Street, Providence, RI 02905
Delores Madyun	Secretary	49 Maude Street, Providence, RI 02908
Glenda Robinson	Treasurer	263 Swan Street, Providence, RI 02905

RECEIVED
APR 23 12 32 PM '01
SECRETARY OF STATE
CORPORATIONS DIV.

Dated: April 21, 2001

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.

FAITH AND DELIVERANCE CENTER
Exact Name of Corporation

By Robert Louis Robinson

Title President
(Report must be signed by an officer)

FILED
APR 23 2001
By [illegible]
261995

Form No 631
Revised: 01/99

Filing Fee: $20.00

To be filed annually during the month of June

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

NON-PROFIT CORPORATION

Corporate ID Number ND-28708 Annual Report for the year 1998

1. The name of the corporation is FAITH AND DELIVERANCE CENTER
2. The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND
3. The address of the registered office of the corporation in this state is 263 SWAN STREET PROVIDENCE, RI 02905
   and the name of its registered agent in this state at that address is REV. ROBERT L. ROBINSON
4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is Religeous worship, training and educational training
5. If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is
6. Corporate address in Rhode Island 263 Swan Street Providence, RI 02905
7. Names and addresses of its directors and officers: *(In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)*

NAME	OFFICE	ADDRESS
Robert L. Robinson	Director	263 Swan Street, Providence, RI 02905
Barbara J. Robinson	Director	404 Cedar Avenue, Wilmington, Delaware 19804
Marion L. Robinson	Director	404 Cedar Avenue, Wilmington, Delaware 19804
Robert L. Robinson	President	263 Swan Street, Providence, RI 02905
Barbara J. Robinson	Vice-President	404 Cedar Avenue, Wilmington, Delaware 19804
Glenda Robinson	Secretary	263 Swan Street, Providence, RI 02905
Glenda Robinson	Treasurer	263 Swan Street, Providence, Ri 02905

Dated: June 15, 1998

* 2 8 7 0 8 *

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.

FAITH AND DELIVERANCE CENTER
Exact Name of Corporation

By Robert Louis Robinson

Title President

(Report must be signed by an officer)

FOR SECRETARY OF STATE USE ONLY
File Date: 6/18/98
Check No.: 467
By:

Form No. NP-13
Revised 5/98

DETACH BOTTOM BEFORE RETURNING

Filing Fee: $20.00

To be filed annually during the month of June

State of Rhode Island and Providence Plantations

Corporation Division
100 North Main Street
Providence, RI 02903

NON-PROFIT CORPORATION

Corporate ID Number 28708 Annual Report for the year 1997

FIRST: The name of the corporation is FAITH AND DELIVERANCE CENTER

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is

Religeous worship, training and educational training

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: Corporate address in Rhode Island 263 Swan Street
Providence, RI 02905

SIXTH: Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, Reenactment of 1994, the number of Directors of a corporation shall not be less than three (3).)

THIS REPORT WILL NOT BE ACCEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.

NAME	OFFICE	ADDRESS
Robert Louis Robinson	Director	263 Swan Street, Providence, RI 02905
Barbara J. Robinson	Director	404 Cedar Avenue, Wilmington, De. 19804
Marion L. Robinson	Director	404 Cedar Avenue, Wilmington, De. 19804
Robert Louis Robinson	President	263 Swan Street, Providence, RI 02905
Barbara J. Robinson	Vice-President	404 Cedar Avenue, Wilmington, De. 19804
Glenda Robinson	Secretary	263 Swan Street, Providence, RI 02905
Glenda Robinson	Treasurer	263 Swan Street, Providence, RI 02905

(If additional space is needed, attach rider)

Dated: May 13, 1997 19

FAITH AND DELIVERANCE CENTER
(Name of Corporation)

By Robert Louis Robinson

Title President

(Report must be signed by an officer)

FILED
MAY 15 1997
By

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed.
Please contact the Corporation Division, 277-3040, for further information.

Form No. N-13

Filing Fee: $20.00

To be filed annually during the month of June

State of Rhode Island and Providence Plantations
Corporation Division
100 North Main Street
Providence, RI 02903

NON-PROFIT CORPORATION

Corporate ID Number 28708 Annual Report for the year 1996

FIRST: The name of the corporation is FAITH AND DELIVERANCE CENTER

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is

Religeous worship, training and educational training

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: Corporate address in Rhode Island 263 Swan Street
Providence, RI 02905

SIXTH: Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, Reenactment of 1994, the number of Directors of a corporation shall not be less than three (3).)

THIS REPORT WILL NOT BE ACCEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.

NAME	OFFICE	ADDRESS
Robert Louis Robinson	Director	263 Swan Street, Providence, RI 02905
Barbara J. Robinson	Director	404 Cedar Avenue, Wilmington, De. 19804
Marion L. Robinson	Director	404 Cedar Avenue, Wilmington, De. 19804
Robert Louis Robinson	President	263 Swan Street, Providence, RI 02905
Barbara J. Robinson	Vice-President	404 Cedar Avenue, Wilmington, De. 19804
Glenda Robinson	Secretary	263 Swan Street, Providence, RI 02905
Glenda Robinson	Treasurer	263 Swan Street, Providence, RI 02905

(If additional space is needed, attach rider)

Dated: May 13, 1997 19

FILED

MAY 15 1997

By

FAITH AND DELIVERANCE CENTER
(Name of Corporation)

By Robert Louis Robinson

Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed.
Please contact the Corporation Division, 277-3040, for further information.

Form No. N-13

Filing Fee: $20.00

To be filed annually during the month of June

State of Rhode Island and Providence Plantations
Corporation Division
100 North Main Street
Providence, RI 02903

NON-PROFIT CORPORATION

Corporate ID Number 0028708 Annual Report for the year 1995

FIRST: The name of the corporation is FAITH AND DELIVERANCE CENTER

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is Religious worship, training and educational training

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: Corporate address in Rhode Island 263 Swan Street, Providence Rhode Island 02905

SIXTH: Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, Reenactment of 1994, the number of Directors of a corporation shall not be less than three (3).)

THIS REPORT WILL NOT BE ACCEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.

NAME	OFFICE	ADDRESS
Robert L. Robinson	Director	263 Swan Street, Providence, RI 02905
Barbara J. Robinson	Director	404 Cedar Avenue, Wilmington, Del. 19804
Marion L. Robinson	Director	404 Cedar Avenue, Wilmington, Del. 19804
Robert L. Robinson	President	263 Swan Street, Providence, RI 02905
Barbara J. Robinson	Vice-President	404 Cedar Avenue, Wilmington, Del. 19804
Glenda Robinson	Secretary	263 Swan Street, Providence, RI 02905
Glenda Robinson	Treasurer	263 Swan Street, Providence, RI 02905

(If additional space is needed, attach rider)

Dated: June 16, 19 95

FAITH AND DELIVERANCE CENTER
(Name of Corporation)

By Robert Robinson

Title President

(Report must be signed by an officer)

PAID

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed.
Please contact the Corporation Division, 277-3040, for further information.

JUN 10 1995

Form No. N-13

SEC'Y OF STATE

Filing Fee: $20.00

To be filed annually during the month of June

ck. 261

State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

Corporate ID Number 28708 Annual Report for the year 1994

FIRST: The name of the corporation is FAITH AND DELIVERANCE CENTER

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is Religious worship, training and educational training

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: Corporate address in Rhode Island 263 Swan Street, Providence Rhode Island 02905

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street, number if any, and zip code)

NAME	OFFICE	ADDRESS
Robert Louis Robinson	Director	263 Swan Street, Providence, RI 02905
Barbara J. Robinson	Director	404 Cedar Avenue, Wilmington, De. 19804
Marion L. Robinson	Director	404 Cedar Avenue, Wilmington, De. 19804
Robert Louis Robinson	President	263 Swan Street, Providence, RI 02905
Barbara J. Robinson	Vice President	404 Cedar Avenue, Wilmington, De. 19804
Glenda Robinson	Secretary	263 Swan Street, Providence, RI 02905
Glenda Robinson	Treasurer	263 Swan Street, Providence, RI 02905

(If additional space is needed, attach rider)

Dated: January 4, 19 95

FAITH AND DELIVERANCE CENTER
(Name of Corporation)

By Robert Louis Robinson

Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040
Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

Form No. N-13

Filing Fee: $20.00

8693

To be filed annually during the month of June

State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

Corporate ID Number 0029708 Annual Report for the year 1993

FIRST: The name of the corporation is FAITH AND DELIVERANCE CENTER

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is
Religious worship, training and educational training

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: Corporate address in Rhode Island 263 Swan Street, Providence
Rhode Island 02905

SIXTH: Names and addresses of its directors and officers:

PAID
JUN 15 1993
SECRETARY OF STATE

(Addresses must include street and number, if any)

NAME	OFFICE	ADDRESS
Robert Louis Robinson	Director	263 Swan Street, Providence, RI 02905
Barbara J. Robinson	Director	404 Cedar Avenue, Wilmington, DE 19804
Marion L. Robinson	Director	404 Cedar Avenue, Wilmington, DE 19804
Robert Louis Robinson	President	263 Swan Street, Providence, RI 02905
Barbara J. Robinson	Vice President	404 Cedar Avenue, Wilmington, DE 19804
Glenda Robinson	Secretary	263 Swan Street, Providence, RI 02905
Glenda Robinson	Treasurer	263 Swan Street, Providence, RI 02905

(If additional space is needed, attach rider)

Dated: 19

FAITH AND DELIVERANCE CENTER
(Name of Corporation)

By Robert Louis Robinson

Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040
Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

Form No. N-13

Filing Fee: $20.00

To be filed annually during the month of June

State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

Corporate ID Number 28708 Annual Report for the year 1992

FIRST: The name of the corporation is FAITH AND DELIVERANCE CENTER

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is Religious worship, training and educational training

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: Corporate address in Rhode Island 263 Swan Street, Providence, Rhode Island 02905

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street, number if any, and zip code)

NAME	OFFICE	ADDRESS
Robert Louis Robinson	Director	263 Swan Street, Providence, RI 02905
Barbara J. Robinson	Director	404 Cedar Avenue, Wilmington, DE 19804
Marion L. Robinson	Director	404 Cedar Avenue, Wilmington, DE 19804
Robert Louis Robinson	President	263 Swan Street, Providence, RI 02905
Barbara J. Robinson	Vice President	404 Cedar Avenue, Wilmington, DE 19804
Glenda Robinson	Secretary	263 Swan Street, Providence, RI 02905
Glenda Robinson	Treasurer	263 Swan Street, Providence, RI 02905

(If additional space is needed, attach rider)

Dated: June 16, 1992

FAITH AND DELIVERANCE CENTER
(Name of Corporation)

By Robert Louis Robinson

Title President

Rec'd & Filed JUL 03 1992
AMT 82398

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040
Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

Form No N-13

Filing Fee: $20.00

To be filed annually during the month of June

State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

Corporate ID Number 28708 Annual Report for the year 1991

FIRST: The name of the corporation is FAITH AND DELIVERANCE CENTER

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is Religious worship, training and educational training

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: Corporate address in Rhode Island 263 Swan Street, Providence, Rhode Island 02905

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street, number if any, and zip code)

NAME	OFFICE	ADDRESS
Robert Louis Robinson	Director	263 Swan Street, Providence, RI 02905
Barbara J. Robinson	Director	404 Cedar Avenue, Wilmington, DE 19804
Marion L. Robinson	Director	404 Cedar Avenue, Wilmington, DE 19804
Robert Louis Robinson	President	263 Swan Street, Providence, RI 02905
Barbara J. Robinson	Vice President	404 Cedar Avenue, Wilmington, DE 19804
Glenda Robinson	Secretary	263 Swan Street, Providence, RI 02905
Glenda Robinson	Treasurer	263 Swan Street, Providence, RI 02905

(If additional space is needed, attach rider)

Dated: June 16, 1992

FAITH AND DELIVERANCE CENTER
(Name of Corporation)

By Robert Louis Robinson

Title President

Rec'd & Filed JUL 08 1992 AMT 82398

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040
Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

Form No N-13

Filing Fee: ~~$10.00~~ 20.

To be filed annually during the month of June

State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

Corporate ID Number 28708 Annual Report for the year 1990

FIRST: The name of the corporation is MOUNT CALVARY DELIVERANCE TEMPLE

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is Religious worship, training and educational training

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: Corporate address in Rhode Island 263 Swan Street, Providence, Rhode Island 02905

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

NAME	OFFICE	ADDRESS
Robert Louis Robinson	Director	263 Swan Street, Providence, RI 02905
Barbara J. Robinson	Director	404 Cedar Avenue, Wilmington, DE 19804
Marion L. Robinson	Director	236 Atlantic Avenue, Providence, RI 02907
Robert Louis Robinson	President	263 Swan Street, Providence, RI 02905
Barbara J. Robinson	Vice President	404 Cedar Avenue, Wilmington, DE 19804
Glenda Robinson	Secretary	263 Swan Street, Providence, RI 02905
Glenda Robinson	Treasurer	263 Swan Street, Providence, RI 02905

(If additional space is needed, attach rider)

Dated: January 28, 19 91

(Name of Corporation)

By Robert Louis Robinson

Title President

Rec'd & Filed MAR 07 1991

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040 Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

Form No. N-13

Filing Fee: $20.

To be filed annually during the month of June

State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

Corporate ID Number 28708 Annual Report for the year 1989

FIRST: The name of the corporation is MOUNT CALVARY DELIVERANCE TEMPLE

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is Religious worship, training and educational training

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: Corporate address in Rhode Island 263 Swan Street, Providence, Rhode Island 02905

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

NAME	OFFICE	ADDRESS
Robert Louis Robinson	Director	263 Swan Street, Providence, RI 02905
Barbara J. Robinson	Director	404 Cedar Avenue, Wilmington, DE 19804
Marion L. Robinson	Director	236 Atlantic Avenue, Providence, RI 02907
Robert Louis Robinson	President	263 Swan Street, Providence, RI 02905
Barbara J. Robinson	Vice President	404 Cedar Avenue, Wilmington, DE 19804
Glenda Robinson	Secretary	263 Swan Street, Providence, RI 02905
Glenda Robinson	Treasurer	263 Swan Street, Providence, RI 02905

(If additional space is needed, attach rider)

Dated: January 28 19 91

(Name of Corporation)

By Robert Louis Robinson

Title President

Rec'd & Filed MAR 07 1991

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040
Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

Form No. N-13

Filing Fee: $10.00

To be filed annually during the month of June

State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

Corporate ID Number 28708 Annual Report for the year 1988

FIRST: The name of the corporation is MOUNT CALVARY DELIVERANCE TEMPLE

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is Religious worship, training and educational training

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is ~~263 Swan Street Providence Rhode Island 02905~~

FIFTH: Corporate address in Rhode Island 263 Swan Street, Providence, Rhode Island 02905

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street, number if any, and zip code)

NAME	OFFICE	ADDRESS
Robert Louis Robinson	Director	263 Swan Street, Providence, RI 02905
Barbara J. Robinson	Director	404 Cedar Avenue, Wilmington, DE 19804
Marion L. Robinson	Director	236 Atlantic Avenue, Providence, RI 02907
Robert Louis Robinson	President	263 Swan Street, Providence, RI 02905
Barbara J. Robinson	Vice President	404 Cedar Avenue, Wilmington, DE 19804
Glenda Robinson	Secretary	263 Swan Street, Providence, RI 02905
Glenda Robinson	Treasurer	263 Swan Street, Providence, RI 02905

(If additional space is needed, attach rider)

Dated: September 20, 1988

MOUNT CALVARY DELIVERANCE TEMPLE
(Name of Corporation)

By Glenda Robinson

Title Secretary

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040
Mail with fee to: Corporations Division, 270 Westminster Mall, Providence, RI 02903.

Form No. N-13

Filing Fee: $10.00

To be filed annually during the month of June

State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

Corporate ID Number 28708 Annual Report for the year 1987

FIRST: The name of the corporation is MOUNT CALVARY DELIVERANCE TEMPLE

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is Rev. Robert L. Robinson 32 Tanner St. Prov. RI. 02907 and the name of its registered agent at such address in Rhode Island is

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is Conduct Church Services.

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

NAME	OFFICE	ADDRESS
Robert L Robinson	Director	32 Tanner St. Prov. RI 02907
	Director	
	Director	
	President	
	Vice President	
Delores Robinson	Secretary	32 Tanner St. Prov. RI 02907
	Treasurer	

SEP 3 1987

(If additional space is needed, attach rider)

Dated: 8-5-87 19

08/05/87 PAID ARNP CASH 015340 10.00 0.00

(Name of Corporation)

By Robert L Robinson

Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form 9 must be filed. Please contact Corporation Division for information, 277-3040
Mail with fee to: Corporations Division, 270 Westminster Mall, Providence, RI 02903.

Form No. N-13

Filing Fee: $10.00

To be filed annually during the month of June

State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

Corporate ID Number 2808 Annual Report for the year 1986

FIRST: The name of the corporation is Mt. Calvary Lebanon Temple

SECOND: It is incorporated under the laws of

THIRD: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: Corporate address in Rhode Island 92 Hamilton St Pawt RI

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street, number if any, and zip code)

NAME	OFFICE	ADDRESS
	Director	
Paul Shunn	Director	Warwick RI Parker Ave
	Director	
Robert L Robinson	President	92 Hamilton St Paw RI
Barbara Robinson	Vice President	92 Hamilton St. Paw. RI
Delores Robinson	Secretary	Pascoag Ave Paw. RI
Robert Robinson Jr	Treasurer	232 Sucker St. Paw RI

(If additional space is needed, attach rider)

Dated: 19

Mt Calvary Lebanon Temple
(Name of Corporation)

By Rev. Robert L Robinson

Title President

(Report must be signed by an officer)

11/03/86 PAID ARNF CASH 0173A08 10.00 10.00

NOV 3 1986

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040
Mail with fee to: Corporations Division, 270 Westminster Mall, Providence, RI 02903.

Form No N-13

Filing Fee: $10.00

To be filed annually during the month of June

State of Rhode Island and Providence Plantations

NON-PROFIT CORPORATION

Corporate ID Number 28708 Annual Report for the year 1985

FIRST: The name of the corporation is Mt. Calvary Deliverance Temple

SECOND: It is incorporated under the laws of R. Island

THIRD: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: Corporate address in Rhode Island 92 Hamilton St. Pawt. R.I.

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street, number if any, and zip code)

NAME	OFFICE	ADDRESS
	Director	
[illegible]	Director	[illegible]
	Director	
Robert L. Robinson	President	92 Hamilton St. Pawt.
Barbara Robinson	Vice President	92 Hamilton St Pawt R.I.
Delores Robinson	Secretary	[illegible]
Robert L. Robinson Jr.	Treasurer	232 Lincoln St. Pawt. R.I.

(If additional space is needed, attach rider)

Dated: 11/03/86 19

Mt. Calvary Deliverance Temple
(Name of Corporation)

By Rev. Robert L. Robinson Sr.

Title President

(Report must be signed by an officer)

NOV 3 1986

FAID ARNP CASH 0174A 10.00 0.00

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact Corporation Division for information, 277-3040
Mail with fee to: Corporations Division, 270 Westminster Mall, Providence, RI 02903.

Form No. N-13