

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

Form 631 Rev. 6/02

### ON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

riling Period: June 1 -		•				
(FORM MUST BE TYPED ( 1. Corporate ID No.	OR PRINTED IN BL 2. Name of Co			<del></del>		
28708	,	irporalion F MANNA MINISTRIES				
3. State of Incorporation	<u> </u>	address in Rhode Island -Stre		City	Zip	
RHODE ISLAND		TIAC AVENUE		CRANSTON	02910-	
5. Foreign corporation: Ente	-		City	State	Zip	
	–					
6. Brief Description of the ch	haracter of the affairs	which are actually conducte	rd in Rhode Island	····		
RELIGIOUS WORSHIP	, TRAINING AN	D EDUCATIONAL TRA	ining			
7. NAMES AND ADDR	esses of the (	OFFICERS CXT BOX FO	RATTACHMENT)   FILL IN S	PACES BEFORE USING AT	FACHMENTS	
<i>President Name</i> Robert L Robinso			Vice President Name			
Street Address	<u> </u>		Glenda Robinso	on		
807 Pontiac Ave			.807 Pontiac Av	<b>10</b>		
<u> </u>				-		
City Cranston	State RI	7.ip 02910	City Craneton	State RI	<i>Ζίρ</i> 02910	
Secretary Name			Treasurer Name			
Tisha Horan			Glenda Robinso	חת		
Street Address			Street Address	····		
146 Harold St.			.807 Pontiac Av	<b>'</b> A		
Cirv	State	Zip	'City	State	12."	
Providence	RI	02909	·Cranston	RI	Zip	
	1	•			02910	
NAMES AND ADDR	esses up the l	HKEUTUKS ("X" 80X I A DOMESTIC ISHODE IS	FOR ATTACHMENT) [] FILL IN FLAND) CORPORATION SHALL	SPACES BEFORE USING A	TTACHMENTS	
Director Name	T DATE ONS OF	A DOMESTIC (KINDER IS		TANT DE LESS TURA TEME	E (STICTULE 1-4-53	
			Director Name Catherine Threats			
Daniel Mallet						
Street Address			Street Address			
21 Laban St.			106 Comstock A	ve		
City	State	Zip	·City	State	Zip	
Providence	jri	02909	Providence	RI	02905	
Director Name			· Director Name			
Tisha Horan						
Sircei Address 146 Harold St.			Street Address			
City	State	12:-	,City	16: .		
Providence	RI	<i>Zip</i> 02909	. Cay	State	Zip	
		<del></del>				
Agent Name	II IN KHODE ISI	AND -DO NOT ALTER-	Changes require filing c	of Form 841 -R.I.GL 7-6-1	3/7-6-78	
			Address			
Rev. Robert L Robins	ion					
Address			City	Zip		
807 Pontiac Ave			Cranston	RI		
Th:						
This report must be sig	ned in ink by e	ther the President, Vic	ce President, Secretary, Ass	istant Secretory, Treasur	er, Receiver or Truste	
<u> </u>	EKK IESK BBIGI IBI					
2 8	7 0 8		Under penalty of p	erjury, I declare and affirm th	at I have examined	
				ng any accompanying schedu		
*28708 DNP 05/26/0	5 11:33:56 AM	, ]		ents contained herein are true		
			Va A		~ - 1 .	
File Date 5-3/-0	<u>,                                      </u>	<u> </u>	<i> WW</i>	1. [NW	5-24-05	
- Y? Y			Signatuffe of Officer	De	ate	
Check No. 107	<del></del>		Røbert L F	Robinson		
. ~/			Print or Type Name of	of Officer	<del></del>	
B <u>y:</u>	<del></del>	—	President			
FOR SECRETARY OF STA	TE USE ONLY	ì	I I COIUCII(			

Title of Officer



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222,3040

### NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: June 1 - June 30 Filing Fee: \$20.00

Zip 02910 2ip 02908	City  In Rhode Island  INING  RATTACHMENT)   FILL IN Section Name Glenda Robinso Street Address . 807 Pontiac Av City . Cranston Treasurer Name . Glenda Robinso Street Address . 807 Pontiac Av City . Cranston Treasurer Name . Glenda Robinso Street Address . 807 Pontiac Av City City	on Ze State RI	72ip 02910 - 72ip 72ip 02910	
address in Rhode Island -Stre TIAC AVENUE  Idress  s which are actually conducts  ND BDUCATIONAL TRA  OFFICERS ("X" BOX FO    Zip   02910   Zip   02908	City  In Rhode Island  INING  RATTACHMENT)   FILL IN Section Name Glenda Robinso Street Address . 807 Pontiac Av City . Cranston Treasurer Name . Glenda Robinso Street Address . 807 Pontiac Av City . Cranston Treasurer Name . Glenda Robinso Street Address . 807 Pontiac Av City City	CRANSTON State  SPACES BEFORE USING AT on Search RI	02910 - Zip  FACHMENTS	
TIAC AVENUE  Idress  S which are actually conducts  ND BDUCATIONAL TRA  OFFICERS ("X" BOX FO    Zip   02910     Zip   02908	City  RATTACHMENT) FILL IN S  Vice President Name Glenda Robinso  Street Address 807 Pontiac Av  City Cranston Treasurer Name Glenda Robinso  Street Address 807 Pontiac Av  City Cranston	CRANSTON State  SPACES BEFORE USING AT on Search RI	02910 - Zip  FACHMENTS	
S which are actually conducte ND BDUCATIONAL TRA  OFFICERS ("X" BOX FO  Zip 02910  2ip 02908	RATTACHMENT) FILL IN S  RATTACHMENT) FILL IN S  Nice President Name Glenda Robinso Street Address 807 Pontiac Av  City Cranston Treasurer Name Glenda Robinso Street Address 807 Pontiac Av  City City Cranston	State  State  State  State  State  RI	Zip  Zip	
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OFFICERS ("X" BOX FO    Zip   02910	RATTACHMENT) FILL IN S  Vice President Name  Glenda Robinso  Street Address  807 Pontiac Av  City  Cranston  Treasurer Name  Glenda Robinso  Street Address  807 Pontiac Av  City  City  Cranston	on Ze State RI	Zip	
OFFICERS ("X" BOX FO    Zip   02910	RATTACHMENT) FILL IN S  Vice President Name  Glenda Robinso  Street Address  807 Pontiac Av  City  Cranston  Treasurer Name  Glenda Robinso  Street Address  807 Pontiac Av  City  City  Cranston	on Ze State RI	Zip	
	RATTACHMENT) FILL IN S  Vice President Name Glenda Robinso Street Address . 807 Pontiac Av City . Cranston Treasurer Name . Glenda Robinso Street Address . 807 Pontiac Av City City	on Ze State RI	Zip	
Zip 02910 2ip 02908	City Clenda Robinso Street Address 807 Pontiac Av City Cranston Treasurer Name Glenda Robinso Street Address 807 Pontiac Av City City Cranston	on Ze State RI	Zip	
Zip 02910 2ip 02908	City Clenda Robinso Street Address 807 Pontiac Av City Cranston Treasurer Name Glenda Robinso Street Address 807 Pontiac Av City City Cranston	on Ze State RI	Zip	
2 <i>ip</i> 02910	Sireet Address  807 Pontiac Av  City Cranston Treasurer Name Glenda Robinso Street Address  807 Pontiac Av  City	State RI		
2 <i>ip</i> 02910	City Cranston Treasurer Name Glenda Robinso Street Address 807 Pontiac Av City	State RI		
2 <i>ip</i> 02910	City Cranston Treasurer Name Glenda Robinso Street Address 807 Pontiac Av City	State RI		
2 <i>ip</i> 02910	Cranston Treasurer Name Glenda Robinso Street Address 807 Pontiac Av City	RI		
Zip 02908	Glenda Robinso Street Address 807 Pontiac Av City	on		
02908	Glenda Robinso Street Address 807 Pontiac Av	<del></del>		
02908	Street Address 807 Pontiac Av City	<del></del>		
02908	.807 Pontiac Av	'e	<del></del>	
02908	City	e		
02908	•			
	•	State	Zip	
HDECTADE AVERAVE	· Cranston	RT	02010	
NAME OF THE POST	DE ATTACHMENT   BULL IN	COLCTC DECORD SIGNA		
A BOMESTIC (RHODE IS	LAND) CORPORATION SHALL	MOT BE LESS THAN THRE	E (1).R.I.G.L 7-6-23	
	Director Name		. · · · · · · · · · · · · · · · · · · ·	
	Glenda Robinson			
	807 Pontiac Av	Δ.		
Zip	<del></del>		- In.	
		<b>;</b>	Zip	
			02910	
	· Director (vame			
	Street Address			
	• Over Madica			
Zip	City	Cente	Zip	
02908	•		1	
AND DO NOT ALTER C	hanges require filing o	Form 641 -8161 1411	1/7.4.79	
	Address		1-0-10	
	<del></del>	Tree.		
	1 '			
	•	02910		
	02908	Glenda Robinso  Street Address  807 Pontiac Av  City  02910 Cranston  Director Name  Street Address  Zip  City  02908  AND DO NOT ALTER Changes require filing of	Glenda Robinson  Street Address 807 Pontiac Ave    Zip	



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

Hmmended 7/19/04

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 30 Filing Fee: \$20.00

(FORM MUST BE TYPED O	R PRINTED IN BL	ACK)				
1. Corporate ID No.	2. Name of Col	•		***************************************	<del> </del>	
28708	<del></del>	MANNA MINISTRIES				
3. State of Incorporation	1 .	ddress in Rhode Island -Stre	et Address	City	Zip	
RHODE ISLAND		'IAC AVENUE		CRANSTON	02910-	
5. Foreign corporation: Ente	r principal office add	tress	City	State	Zip	
				-		
6. Brief Description of the ch		•				
RELIGIOUS WORSHIP	, TRAINING AN	D EDUCATIONAL TRA	INING			
7 NABARC AND ADDRES	POSES OF THE C	Errorne war not so				
President Name	WEST INTO	TFICERS ("X" BOX FO	PRATTACHMENT)   VILL IN S	SPACES BEFORE USING AT	TACHMENTS	
Robert L Robinso	n		Glenda Robinso	nn		
Street Address			Street Address	<del></del>	·-··	
807 Pontiac Ave			.807 Pontiac Av	/e		
City	State	Zip	City	State	Zip	
Cranston	RI	02910	Cranston	RI	02910	
Secretary Name			Treasurer Name	• • • • '• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
Tisha Horan			Glenda Robinso	n		
Street Address			Street Address			
146 Harold St.			.807 Pontiac Av	'e		
City	State	Zip	City	State	Zip	
Providence	RI	02909	<ul><li>Cranston</li></ul>	RI	02910	
8. NAMES AND ADDRI	esses of the D	IRECTORS ("X" BOX I	FOR ATTACHMENT) 🔲 FILL (1	SPACES BEFORE USING	TTACHMENTS	
	F DERECTORS OF I	A DOMESTIC (RHODE IS	LAND) CORPORATION <u>SHALL</u>	NOT BE LESS THAN THRE	Egirigi 74-23	
Director Name			Director Name			
Daniel Mallet			Catherine Threats			
Street Address			Street Address			
21 Laban St.			106 Comstock A	ve		
City	State	Zip	·City	State	Zip	
Providence	RI	02909	Providence	RI	02905	
Director Name	,		· Director Name			
Tisha Horan			:			
Street Address			Street Address		· <del></del>	
146 Harold St.	TSate	In.	· · · · · · · · · · · · · · · · · · ·	··		
City Providence	State R I	Zip	.Ciny	State	Zip	
		02909		<u> </u>		
Agent Name	TIN RHODE ISL	AND -DO NOT ALTER-	Changes require filing o	of Form 641 -RIGL 1-4-	13 / 7-4-78	
_			Address			
Rev. Robert L Robins	on					
Address			City Zip			
807 Pontiac Ave			Cranston 02910			
This report must be sig	ned in ink hu ei	ther the President Vic	ce President, Secretary, Ass	istant Sacratami Transi	FOR Pagainar or Trusta	
· cpc·····························	new on the oy con		te i resident, becretary, Ass	istani secretary, treusu	rer, Receiver or Trusies	
	ATTI PERKI KANCI INI					
	ANN IBBN BBIBLIBI					
2 8	7 0 8		Under penalty of p	erjury, I declare and affirm ti	hat I have examined	
				ng any accompanying schedu		
*28708 DNP 07/19/04	4 01:48:11 PM*		and that all staffeme	ents contained herein are true	and correct.	
		]	1/11/1	<i>1/11</i> .	7/10/21	
File Date	HED-		_ WM_	·//v/~-·	1/14/04	
Check No.	1 0 8864	•	Signature of Officer	<i>l</i> Johinaar	ale /	
<del></del>	<del>- 1 2 5004</del>	<del>-</del>	Robert L F			
By:	$\sim 10$		Print or Type Name o	• •		
FOR SECRETARY OF STATE		_	President	•		
TOR SECRETARY OF SIA	TO TO THE PARTY OF		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

(FORM MUST BE TYPED OF	R PRINTED IN BL	4 <i>CK</i> )				
1. Corporate ID No. *28708*	- I	2. Name of Corporation HOUSE OF MANNA MINISTRIES				
3. State of Incorporation	1.	ddress in Rhode Island -Street			77:	
RHODE ISLAND	807 Pont		T Address	Ciny Cranston	Zip	
5. Foreign corporation: Enter		2.2.2	City	State	02910  Zip	
			C,		2.10	
6. Brief Description of the cha	racter of the offairs	which are actually conducte	d in Rhode Island	<del></del>	<u>l</u>	
RELIGIOUS WORSHIP,	TRAINING AN	D BDUCATIONAL TRA	INING			
7. NAMES AND ADDRE	SSES OF THE O	FFICERS ("X" BOX FO	RATTACHMENT)   FILL, IN	SPACES BEFORE USING	TTACHMENTS	
Robert L Robinson			Glenda Robinso	on		
Street Address	4		Street Address	· · · · · · · · · · · · · · · · · · ·		
807 Pontiac Ave		•	.807 Pontiac A	ve		
City	State	Zip	City	State	Zip	
Cranston	RI	02910	.Cranston	RI	02910	
Secretary Name			Treasurer Name			
Delores Madyun			Glenda Robinso	on		
Street Address			Street Address			
49 Maude St.		, .	.807 Pontiac Av	/e		
City	State	Zip	City	State	Zip	
Providence	RI	02908	Cranston	RI		
8. NAMES AND ADDRE	SSES OF THE D	IRECTORS ("X" BOX F	OR ATTACHMENT) [] FILL II	N SPACES BEFORE USING	GATTACHMENTS	
	DIRECTORS OF	DOMESTIC (RHODE IS	LAND) CORPORATION SHALL	LNOT BE LESS THAN TH	REE (3).R.I.G.L 7-6-23	
Director Name			Director Name			
Robert Robinson			Glenda Robinson			
Street Address	,	•	. Street Address	<del></del>	<del></del>	
807 Pontiac Ave			807 Pontiac Av	<i>r</i> e		
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	.Ciry	State	Zip	
Providence	RI	02908				
9. REGISTERED AGENT	IN RHODE ISL	AND -DO NOT ALTER- C	hanges require filing	of Form 641 -R.I.GL 7-	6-13 / 7-6-78	
Agent Name			Address			
REV. ROBERT L. ROB	BINSON		807 PONTIAC AVI	ENUE	•	
Address		<del></del>	City	Zip	· · · · · · · · · · · · · · · · · · ·	
			CRANSTON 02910-		910-	
This report must be sign	ed in ink by ei	ther the President, Vic	e President; Secretary, As:	sistant Secretary, Treas	urer, Receiver or Truster	
1 189118 118	Al 1811 1880 66101 1816	1661				
	an îdan îdan dann îsa		Hader sensity of	erjury, I declare and affirm	hat t have average	
* 2	8 7 0 8	•		ng any accompanying sche		
**30700* E/34/0344.4	7.50 414			ents contained herein are to		
**28708* 5/31/0311:4	7:58 AM" /) =	7		1//	./ / -	
File Date	<i>w</i> -0-	<u>_</u> .	16/10/7	Inhar	5/3/103	
	112.		Signature of Officer		Date	
Check No	,,,,,,,		Cobert L F	Robinson	, ,	
	<u>`</u> @		Print or Type Name			
By:		<b>-</b>	President			
FOR SECRETARY OF STATE	E USE ONLY'. '	t Part		·		
TO CONTROL OF CONTROL			Title of Officer		Form 631 Rev. 6/03	



#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Edward S. Inman, 111, 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 **RHODE ISLAND** 263 SWAN STREET PROVIDENCE 02905 5. Foreign corporation: Enter principal office address City State Zio 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island RELIGIOUS WORSHIP, TRAINING AND EDUCATIONAL TRAINING TNAMES AND ADDRESSES OF THE OFFICERS CX" BOX FOR ATTACHMENT) I FIEL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Robert Robinson .Glenda Robinson Street Address Street Address 807 Pontiac Ave .807 Pontiac Ave City State City Zip State Zip Cranston RI 02910 .Cranston RΙ 02910 Secretary Name Treasurer Name Delores Madyun Glenda Robinson Street Address Street Address 49 Maude St. .807 Pontiac Ave City State City State Zip Providence RΙ 02908 · Cranston RI 02910 8. NAMES AND ADDRESSES OF THE DIRECTORS, C'X' BOX FOR ATTACHMENT) I FIEL 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 RT 02910 Cranston RI 02910 Director Name Director Name Delores Madyun Street Address ·Street Address 49 Maude St Cirv Mate Zio .City State Providence RI 02908 9: REGISTERED AGENT IN RUODE ISLANIY DOWN ALTER Changes require filing of Form 641 -RI.GI.J.6-13 / 7-6-78 Agent Name REV. ROBERT L. ROBINSON **263 SWAN STREET** Address City Zip 6 **PROVIDENCE** 02905 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, \*\*28708\* 8/25/026:5 PILED and that all statements conflained herein are true and correct. File Date AUG 28 2002 Signature of Officer Date Check No. Robert L. Robinson Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer Form 631 Rev. 6/02



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



		11011-11	TOTAL COM CHARLON
Co	rporate ID Number <u>DNP-2</u>	28708	Annual Report for the year 2001
۱.	The name of the corporation	on is HOUSE OF	MANNA MINISTRIES
2.	The state or other jurisdict	ion under the laws	s of which it is incorporated is RHODE ISLAND
3.	The address of the regists	ered office of the c	corporation in this state is 263 SWAN STREET PROVIDENCE, RI
	and the name of its regist	ered agent in this :	state at that address is REV. ROBERT L. ROBINSON
•	The character of the affair Religious worship	s which it is actual , training and	Ily conducting in Rhode Island, briefly stated, is
5	If a foreign corporation, the incorporated is	•	incipal office in the state or other jurisdiction under the laws of which it is
<b>3</b> .			263 Swan Street
	•		Providence, RI 02905
7.			fficers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the land) corporation shall not be less than three (3).)  ADDRESS
R	obert Robinson	Director	263 Swan Street, Providence, RI 02905
G	lenda Robinson	Director	263 Swan Street, Providence, RI 02905
D	elores Madyun	Director	49 Maude Street, Providence, RI 02908
R	obert Robinson	 President	263 Swan Street, Providence, RI 02905
G	lenda Robinson	 Vice-President	263 Swan Street, Providence, RI 02905
D	elores Madyun	Secretary	49 Maude Street, Providence, RI 02908
G	lenda Robinson	Treasurer	263 Swan Street, Providence, RI 02905
Эa	ted: June 15, 2001	 11	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.
	* 2 8 7 0 8 * FOR SECRETARY OF STATE USE	ONIX	Exact Name of Corporation
	Date: 10-25-61		Title President
1 <b>c</b> C	k No.: 568	-	(Report must be signed by an officer)  Form No. 631  Revised 5/98



#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

Сс	orporate ID Number_ND-2	28708		Annual Report for the year 2000
	The name of the corpor	D.N.T.OO	H AND DELIVERANCE CENTER	
2.	The state or other jurisd	iction under the law	ws of which it is incorporated is _	RHODE ISLAND
3.	The address of the regis	stered office of the	corporation in this state is	263 SWAN STREET, PROV. RI 029
	name of its registered a	gent in this state al	that address is REV ROBERT	
4.			ally conducting in Rhode Island, deducational training	briefly stated, is
5	If a foreign corporation, incorporated is	the address of its p	orincipal office in the state or othe	er jurisdiction under the laws of which it is
6.	Corporate address in Rh	oue islanu	Swan Street  ovidence, RI 02905	
7.			officers: (In compliance with 7-6- Island) corporation shall not be le	23 of the R.I.G.L. 1956, as amended, the ss than three (3).)
	NAME	OFFICE	AD	DDRESS
Ro	bert L. Robinson	Director	263 Swan Street, Provid	dence, RI 02905
G1	enda Robinson	Director	263 Swan Street, Provid	
De	lores Madyun	Director	49 Maude Street, Provid	dence, RI 02908
Ro	bert L. Robinson	President	263 Swan Street, Provid	
G1	enda Robinson	Vice-President		
	lores Madyun enda Robinson	Secretary Treasurer	49 Maude Street, Provide 263 Swan Swan Swan Swan Swan Swan Swan Swan	
) Jato	FILE  APR 23		report, including any accompan all statements contained herein FAITH AND DELIVERAN	



#### 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

Co	rporate ID Number_ND-28	3708		Annual Re	port for the	e year_	1999	)
1.			AND DELIVERANCE CENTER					
2. 3.	•		vs of which it is incorporated is	RHODE ISI 263 SWAN		PROV		02905
4.	The character of the affai	rs which it is actu	that address is REV. ROBERT ally conducting in Rhode Island, educational training					
5	If a foreign corporation, the incorporated is	ne address of its p	rincipal office in the state or oth	er jurisdiction	under the	e laws o	of whic	h it is
6.	Corporate address in Rho	uc isianu	Swan Street vidence, RI 02905			···		
7.			officers: (In compliance with 7-6 sland) corporation shall not be le			6, as ar	nende	d, the
	NAME	OFFICE	AI	DDRESS				
Gle Rol Gle De	bert L. Robinson enda Robinson lores Madyun bert L. Robinson enda Robinson lores Madyun enda Robinson	DirectorDirectorDirectorPresidentVice-PresidentSecretaryTreasurer	263 Swan Street, Provi 263 Swan Street, Provi 49 Maude Street, Provi 263 Swan Street, Provi 263 Swan Street, Provi 49 Maude Street, Provi 263 Swan Street, Provi	dence, RI dence, RI dence, RI dence, RI dence, RI	02905 02905 02908 02905 02905 02908 02905	10' HI SE 21 E2 HI	<u> </u>	RECEIVED
Dale	FIL APR 23	<b>ED</b> 2001	Under penalty of perjury, I declareport, including any accompanial statements contained herein  FAITH AND DELIVERANT  Exact Name  By Phut Aug August 1  Title President  (Report must	nying schedul n are true and NCE CENTER ne of Corpor	les and sta correct. ation	atemen		

Form No 631 Revised: 01/99



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

Co	rporate ID Number <u>ND-287</u>	08	. Annual Repo	ort for the year <u>1998</u>	
1.	The name of the corporation	n is FAITH AND	DELIVERANCE CENTER	· · · · · · · · · · · · · · · · · · ·	
2.	The state or other jurisdiction	on under the laws	of which it is incorporated is RHODE ISLAN	D	
3.	The address of the registe 02905	red office of the c	orperation in this state is 263 SWAN STREE	T PROVIDENCE, RI	
	and the name of its registe	ered agent in this	state at that address is REV. ROBERT L. RO	BINSON	
4.	The character of the affairs	which it is actual	lly conducting in Rhode Island, briefly stated, is	s	
	Religeous worsh	nip, trainin	ng 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 Rhoo	le Island26	63 Swan Street	<u> </u>	
		P1	rovidence, RI 02905		
7.			fficers: (In compliance with 7-6-23 of the R.I.G land) corporation shall not be less than three (		
	NAME	OFFICE	ADDRESS		
Ro	obert L. Robinson	Director	263 Swan Street, Providence, RI	02905	
Ba	arbara J. Robinson	 Director	404 Cedar Avenue, Wilmington, De	laware 19804	
Ma	arion L. Robinson	 Director	404 Cedar Avenue, Wilmington, De	laware 19804	
Ro	obert L. Robinson	President	263 Swan Street, Providence, RI	02905	
Ba	arbara J. Robinson	Vice-President	404 Cedar Avenue, Wilmington, De	laware <u>19804</u>	
G]	lenda Robinson	Secretary	263 Swan Street, Providence, RI	02905	
G]	lenda Robinson	Treasurer	263 Swan Street, Providence, Ri	02905	
Da	ted: June 15, 1998		Under penalty of perjury, I declare and affirm that report, including any accompanying schedules and all statements contained herein are true and correct FAITH AND DELIVERANCE CENTER	d statements, and that ct.	
	FOR SECRETARY OF STATE USE  Date:	ONLY	By What Juis Whan	, ,	
	////	-	President Title		
Che	ck No.:	_	(Report must be signed by	an officer)	
Ву:				Form No. NP-13 Revised 5/98	

1994

#### State of Rhode Island and Providence Plantations

**Corporation Division** 100 North Main Street Providence, RI 02903

#### **NON-PROFIT CORPORATION**

Corporate ID Number	Annual Report for the year
FIRST: The name of the corporation is	PATTU AND DELTERDANCE CENTED
SECOND: It is incorporated under the I	aws of Rhode Island
THIRD: The character of the affairs wh	ich it is actually conducting in Rhode Island, briefly stated, is
Religeous worship, traini	ing 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 Isl	and263 Swan Street
	Providence, RI 02905
	rectors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, of a corporation shall not be less than three (3).)
THIS REPORT WILL NOT BE ACC	CEPTED 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
BarbaraJRobinsonVice-President	404 Cedar Avenue, Wilmington, De. 19804
Glenda Robinson Secretary	263 Swan Street, Providence, RI 02905
Glenda Robinson Treasurer (If additional space is needed, attach rider)	263 Swan Street, Providence, RI 02905
Dated: May 13, 1997 19	FAITH AND DELIVERANCE CENTER (Name of Corporation)
FILED	By Part hair thorsis
MAY 1 5 199,	President Title
By Mry (184811)	(Report must be signed by an officer)
	stered office and/or its registered agent, Form N-14 must be filed. Poration Division, 277-3040, for further information.

Form No. N-13

#### State of Rhode Island and Providence Plantations

**Corporation Division** 100 North Main Street Providence, RI 02903

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 I	aws of Rhode Island
THIRD: The character of the affairs wh	ich it is actually conducting in Rhode Island, briefly stated, is
	ing 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 Isl	263 Swan Street
·	Providence, RI 02905
Reenactment of 1994, the number of Directors of	rectors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, of a corporation shall not be less than three (3).)  CEPTED 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 Robinsonpresident	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 (If additional space is needed, attach rider)	263 Swan Street, Providence, RI 02905
Dated: May 13, 1997 19	PAITH AND DELIVERANCE CENTER  (Name of Corporation)
MAY 1 5 1991 By My 9/848/4	Title President  (Report must be signed by an officer)
If the corporation has changed its regi	stered office and/or its registered agent, Form N-14 must be filed. poration Division, 277-3040, for further information.

Annual Report for the year.....1995

Filing Fee: \$20.00

Corporate ID Number 0028708

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

#### **NON-PROFIT CORPORATION**

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 a	ddress of its principal office in the state or country under the laws of
which it is incorporated is	<u> </u>	
FIFTH: Corporate add	ress in Rhode Isla	and 263 Swan Street, Providence
	••••	Rhode Island 02905
SIXTH: Names and a Reenactment of 1994, the nun	ddresses of its directors o	ectors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, of a corporation shall not be less than three (3).)
THIS REPORT WI	LL NOT BE ACC	CEPTED 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		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 (If additional space is needed,	Treasurer attach rider)	263 Swan Street, Providence, RI 02905
Dated: June 16	19 .95	FAITH AND DELIVERANCE CENTER  (Name of Corporation)  By
		(Report must be signed by an officer)
If the corporation ha	s changed its reg	istered office and/or its registered agent, Form N-14 must be filed.

Please contact the Corporation Division, 277-3040, for further information.

JUN 1 0 1995

Annual Report for the year.....1994

### State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION



Corporate ID Number 28708	Annual Report for the year1994
FIRST: The name of the corporation is	FAITH AND DELIVERANCE CENTER
	of Rhode Island
THIRD: The character of the affairs which Religious worship, training	it is actually conducting in Rhode Island, briefly stated, isand educational training
FOURTH: If a foreign corporation, the add	dress of its principal office in the state or country under the laws o
FIFTH: Corporate address in Rhode Island	263 Swan Street, Providence Rhode Island 02905
Sixth: Names and addresses of its director	ors and officers: (55% (15%))
(Addresses mu	st include street, number if any, and zip code)
name office  obert Louis Robinson Director  arbara J. Robinson Director  arion L. Robinson Director  obert Louis Robinson President  arbara J. Robinson Vice President  lenda Robinson Secretary  lenda Robinson Treasurer  (If additional space is needed, attach rider)  Dated: January 4, 19 95	ADDRESS  263 Swan Street, Providence, RI 02905  404 Cedar Avenue, Wilmington, De. 19804  404 Cedar Avenue, Wilmington, De. 19804  263 Swan Street, Providence, RI 02905  404 Cedar Avenue, Wilmington, De. 19804  263 Swan Street, Providence, RI 02905  263 Swan Street, Providence, RI 02905  FAITH AND DELIVERANCE CENTER  (Name of Copporation)
· •	Title President  (Report must be signed by an office

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.

To be filed annually during the month of June

# State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number 0028708	Annual Report for the year
FIRST: The name of the corporation is	FAITH AND DELIVERANCE CENTER
SECOND: It is incorporated under the law	s of Rhode Island
	n it is actually conducting in Rhode Island, briefly stated, isng and educational training
FOURTH: If a foreign corporation, the ad which it is incorporated is	dress of its principal office in the state or country under the laws of
FIFTH: Corporate address in Rhode Islan	d 263 Swan Street, Providence Rhode Island 02905
SIXTH: Names and addresses of its director	-2 U   1
. (Addresses m	ust include street and number, if any)
NAME OFFICE	SECRETARY OF STATE
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 (If additional space is needed, attach rider)	263 Swan Street, Providence, RI 02905
Dated: 19	FAITH AND DELIVERANCE CENTER  (Name of Corneration)  By What Line What.  Title President
	1610

(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.

### State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number 28708	Annual Report for the year
FIRST: The name of the corporation is	FAITH AND DELIVERANCE CENTER
SECOND: It is incorporated under the law	s ofRhodeIsland
	and educational training
	dress of its principal office in the state or country under the laws of
•	d 263 Swan Street, Providence, Rhode Island 02905
SIXTH: Names and addresses of its director	ors and officers:
(Addresses mu	ist 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, BI 02905
Glenda Robinson Treasurer (If additional space is needed, attach rider)	263 Swan Street, Providence, RI 02905
Dated: June 16, 1992  Reo'd & Filed JUL 03  Am T8 8 398	FAITH AND DELIVERANCE CENTER (Name of Corporation)  June Solution,
IUL 03	Title President
Rec'd & Fleu AmTg g 398	(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.

## State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number 28708	Annual Report for the year
FIRST: The name of the corporation is	FAITH AND DELIVERANCE CENTER
SECOND: It is incorporated under the law	ws of Rhode Island
	ch it is actually conducting in Rhode Island, briefly stated, is
• •	ddress of its principal office in the state or country under the laws of
FIFTH: Corporate address in Rhode Isla	nd 263 Swan Street, Providence, Rhode Island 02905
SIXTH: Names and addresses of its direc	tors and officers:
(Addresses m	nust 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 Presiden	nt 404 Cedar Avenue, Wilmington, DE 19804
Glenda Robinson Secretary	263 Swan Street, Providence, RI 02905
Glenda Robinson Treasurer (If additional space is needed, attach rider)	263 Swan Street, Providence, RI 02905
Dated: June 16, 1992	FAITH AND DELIVERANCE CENTER (Name of Corporation)  By Walth Suin Walker
Bec'd & Filed JUL	President '
Bec'd & Filed	398 (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.

## 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 la	aws of Rhode Island
	ich it is actually conducting in Rhode Island, briefly stated, is
	address of its principal office in the state or country under the laws of
FIFTH: Corporate address in Rhode Island	and 263 Swan Street, Providence, Rhode Island 02905
SIXTH: Names and addresses of its dire	
(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 Preside	nt 404 Cedar Avenue, Wilmington, DE 19804
Glenda Robinson Secretary	263 Swan Street, Providence, RI 02905
Glenda Robinson Treasurer (If additional space is needed, attach rider)	263 Swan Street, Providence, RI 02905
Dated: January 28, 19 91	(Name of Courgration)  By White Louis Robinson
Mac'd & Fried MAR 0 7 1991	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.

Filing Fee: \$18.00

## State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number 28708	. Annual Report for the year1.989
FIRST: The name of the corporation is.	MOUNT CALVARY DELIVERANCE TEMPLE
SECOND: It is incorporated under the la	aws ofRhode. Island
THIRD: The character of the affairs whi	ich it is actually conducting in Rhode Island, briefly stated, is
Religious worship, trainin	g 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	
FIETH: Corporate address in Rhode Isla	and 263 Swan Street. Providence.
TWIN. Corporate address in Knode ist	Rhode Island 02905
SIXTH: Names and addresses of its direction (Addresses	ctors and officers: must include street and number, if any)
NAME OFFICE	ADDRESS
RobertLouisRobinson 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 Preside	nt 404 Cedar Avenue, Wilmington, DE 19804
Glenda Robinson Secretary	263 Swan Street, Providence, RI 02905
Glenda Robinson Treasurer (If additional space is needed, attach rider)	263 Swan Street, Providence, RI 02905
Dated: January 28 1991	(Name of Corporation) By John Louis Pohisan
Regid & Prod MAR 0.71	Title President
Florid & Pixed MAR 071	(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.



# State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number 2870	8	Annual Report for the year 1988		
FIRST: The name of the o	corporation is!	MOUNT CALVARY DELIVERANCE TEMPLE		
SECOND: It is incorporate	ed under the lav	vs of Rhode Island		
Religious worshi	o. training	h it is actually conducting in Rhode Island, briefly stated, is		
		d. 263 Swan Street, Providence. Rhode Island 02905		
SIXTH: Names and addres		•		
NAME	OFFICE	ADDRESS		
Robert Louis Robinson Barbara J. Robinson		263 Swan Street, Providence, RI 02905 404 Cedar Avenue, Wilmington, DE 19804		
Marion L. Robinson Robert Louis Robinson		236 Atlantic Avenue, Providence, RI 02907 263 Swan Street, Providence, RI 02905		
Barbara J. Robinson Glenda Robinson	Vice President Secretary	404 Cedar Avenue, Wilmington, DE 19804 263 Swan Street, Providence, RI, 02905		
Glenda Robinson (If additional space is needed, attach	•	263 Swan Street, Providence, RI 02905		
Dated: September 20,	1988	MOUNT CALVARY DELIVERANCE TEMPLE (Name of Corporation)		

(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.

### State of Rhode Island and Providence Plantations

Corporate ID	Number 28708		Annual Report for	the year 1987
First:	The name of the co	orporation is	MOUNT CALVARY DELIVERANCE	ETEMPLE
	_		_	]
Third:	The address of its	registered office	e in Rhode Island is Reconst	What I Rolinson
32 Ta	me It	· PRoi	~ RZ 02902	and the name of its
registered age	nt at such address in	Rhode Island	is	
Fourth:	If a foreign corp	oration, the ado	dress of its principal office in the	state or country under the laws of
which it is inc	corporated is	••••••		
				le Island, briefly stated, is
Sixth:	Names and address		ors and officers:  st include street and number, if any)	
	AME	OFFICE	ADD	RESS
Subito	1 Robinson	Director	32 Tanner Sy	C. pru RZ 0280
	••••••	Director		
	•	Director		SEP 2011
***************************************	••••••••••••	President		3 (9)
· · · · · · · · · · · · · · · · · · ·		Vice President		
Colum	Selver	Secretary	32 Janua IX	Proc. RZ02907
•	ace is needed, attach i	Treasure 68 rider) 05/87	(Name of Corporation)	
		PAID	By Solut I Co	Colonson'
	If the corpo	0153 CASH Poration hashhang	ed its registered office and/or its regi	(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number	8708	Annual Report for the year	
FIRST: The name of the	ne corporation is AUL.	Jeling Delining	Temple:
SECOND: It is incorpo	rated under the laws of		
THIRD: The character	of the affairs which it is ac	ctually conducting in Rhode Islar	d, briefly stated, is
_		f its principal office in the state of	•
FIFTH: Corporate add	ress in Rhode Island	2 Henlten St	Jene 1RZ
SIXTH: Names and ad	dresses of its directors and	officers:	
	(Addresses must include	de street, number if any, and zip code	)
NAME	OFFICE	ADDRESS	
0 00	Director	1. 08 D	<i></i>
Janl Shum		usieket RZ	Jacken au
	Director		
11/1/1/11	0.		~ 05
Rebert J Alder	m Besident 92	Deneth St	pu RZ
Reliet & Alder Exercise flet	Lesident 72	Hemelto SX	pu RZ
Relent & Alder Berlein Behr	1	Hemelto St cui du pr	pa RZ Par RZ
Rebet Jahren Select Jahren Select Dahren (It additional space is needed, st	Le Vice President 92 Secretary 91 Areasurer E 23	Hemelter St cui cui pr 32 Sucu St	pa RZ Pres RZ Pres RZ
Delevi John	Secretary  Freasurer  19  19  Name  Name	Sewelle 28 Lewelle St Care cue pr La Succe St Calony Jelles of Corporation)	pa RZ Pre RZ Pre RZ in Temple
Select Behren (If additional space is needed, it	Secretary  Freasurer  19  White President P 2  Areasurer  19  Market President P 2  Market P 3  Market P 3  Market P 3  Market P 3  Market P 4  Mark	Hamilto St air au pon 32 Sum It 1 Caling Velores	pa RZ Pec RZ in Tenple & Avanso
Select Behren (If additional space is needed, it	Secretary  Freasurer  19  19  19  19  19  19  19  10  10  10	Carican Stands Caliny Selver of Corporation) Ten Ashirt Preseden	Place RZ  Prace RZ  Prace RZ  Description  Temple  Advance  To must be signed by an office
Select Solver (If additional space is needed, at Dated:	Secretary  Freasurer 1103/86  Name  (Name  Corporation has changed its re	Carican Stands Caliny Selver of Corporation) Ten Ashirt Preseden	gent,

#### Filing Fce: \$10.00

# State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number	)P708	Annual Report for the year	1985
FIRST: The name of	the corporation is ANT. C	eling Delisiuse I	eruple:
		Rhude Island	
		ually conducting in Rhode Island, b	
	n corporation, the address of	its principal office in the state or cou	untry under the laws of
FIFTH: Corporate a	ddress in Rhode Island?	2 Hamilton SR	pu RZ
SIXTH: Names and	addresses of its directors and		
		e street, number if any, and zip code) ADDRESS	
NAME	OFFICE	ADDRESS	
Jul sher	Director OLC	englicked RZs	Denk cu
Reluf J Role	Director &	Heneth St.	Plu _
Bulun Dar	au Vice President 2	Hereth St &	2m RZ
Delever Ach	musecretary Ad	un oue pu	u K 2
Selvet Selin	Treasure 2	2 Sucn st of	2su /2
(If additional space is needed Dated:	19	of Cappyration)	3 Temple.
	PAID By	Lee Selvet J	Solven Il
<sup>VOV</sup> 3 1986	Title, CASH 0172	(Report n	nust be signed by an officer)
If 1	he corporation has changed its r	egistered office and/or its registered ager	it,
Form N	14 must be filed. Alease contact	Corporation Division for information, 27	7-3040

Mail with fee to: Corporations Division, 270 Westminster Mall, Providence, R1 02903.