

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionRECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
2018 MAY 23 PM 3:15

Annual Report for the year:

2018

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <u>126356</u>		2. Exact name of the Corporation <u>The New Spiritual Enrichment Program</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>Religious Activity</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>76 Pellets Ave</u>		City <u>Provi.</u>	State <u>RI</u>
		Zip <u>02909</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>			
President Name <u>Lauria Ward</u>		Vice-President Name <u>Jonice Ward</u>	
Street Address <u>76 Pellets Ave</u>		Street Address <u>76 Pellets Ave</u>	
City <u>Provi.</u>	State <u>RI</u>	City <u>Provi.</u>	State <u>RI</u>
Zip <u>02909</u>		Zip <u>02909</u>	
Secretary Name <u>Enura Woods</u>		Treasurer Name <u>Spencer Ward</u>	
Street Address <u>3804 Bayview Ver.</u>		Street Address <u>76 Pellets Ave</u>	
City <u>Silver Spring</u>	State <u>MD</u>	City <u>Provi.</u>	State <u>RI</u>
Zip <u>20906</u>		Zip <u>02909</u>	
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 <u>Alice Martin</u>		Director Name <u>Jonice Ward</u>	
Street Address <u>180 Martin St.</u>		Street Address <u>76 Pellets Ave</u>	
City <u>E. Provi.</u>	State <u>RI</u>	City <u>Provi.</u>	State <u>RI</u>
Zip <u>02909</u>		Zip <u>02909</u>	
Director Name <u>Spencer Ward</u>		Director Name	
Street Address <u>76 Pellets Ave</u>		Street Address	
City <u>Provi.</u>	State <u>RI</u>	City	State
Zip <u>02909</u>		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative <u>Lauria Ward</u>		Date <u>5/23/18</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>		SIGN DOCUMENT HERE FILED MAY 23 2018 BY 331205	