RI SOS Filing Number: 201869925840 Date: 6/18/2018 4:00:00 PM

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

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: 000790121	2. Exact name of the Corporation: Church of the Living Mission Ministries
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To Teach & Preach The WORD of God, The Bible and helped people with Spiritual Need, here and ABROAD, Haiti ect.
4. NAICS Code: 624190	

6. Principal Office Address: 20 Westwield ST | City: Providence | State: RI | Zip: 02907

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: EROLD JEAN BAPTISTE	Vice-President Name: Marie Therese JeanBAPTISTE
Street Address: #9 SABRA	Street Address: #9 SABRA ST
City: Cranston State: RI Zip: 02910	City: Cranston State: RI Zip: 02910
Secretary Name: Marie Paul Heidi	Treasurer Name: Annie Romain
Street Address: 255 Waldo ST	Street Address: 255 Waldo ST
City: PROVIDENCE State: RI Zip: 02907	City: PROVIDENCE State: RI Zip: 02907

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: EROLD J-BAPTISTE	
Director Name: Jeanty Romain	Director Name: Marie Therese JeanBaptiste
Street Address: 255 Waldo ST PROVIDENCE	Street Address: 9 SABRA ST
City: PROVIDENCE State: RI Zip: 02907	City: Cranston State: RI Zip: 02907
Director Name: Annie ROMAIN	Director Name: Marie Therese Jean Baptiste
Street Address: 255 Wald ST	Street Address: #9 SABRA ST
City: PROVIDENCE State: RI Zip: 02907	City: Cranston State: RI Zip: 02907

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: EROLD JEON-BAPTISTE
Date: 6/18/18
Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

FILED
JUN 18 2018
BY 33277

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 11/2017