



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 JUN 21 PM 12:43

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 147074		2. Exact name of the Corporation Bethel's Prayer Ladder Ministries			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Disseminate written materials for training in the effort of spreading the gospel 813110			
5. Principal office address P.O. Box 2074		City Pawtucket	State RI	Zip 02861	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Patricia Francis			Vice-President Name Patricia Francis		
Street Address P.O. Box 2074			Street Address P.O. Box		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Guano Mayo			Treasurer Name Tami Miller S		
Street Address 254 Nixon Avenue			Street Address 20 St James St		
City Rocky Point	State NC	Zip 28457	City Providence	State RI	Zip 02908
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Ronica Mayo			Director Name Diane Kudrell		
Street Address 254 Nixon Avenue			Street Address 87 Gallup Street		
City Rocky Point	State NC	Zip 28457	City Providence	State RI	Zip 02907
Director Name Tara Williams			Director Name Dr Gwendolyn Collins		
Street Address 47 Brattle Street			Street Address 136 Wilmington Street		
City Providence	State RI	Zip 02907	City Boston	State MA	Zip 02124-4628
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

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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 _____
Patricia Francis
 Print or Type Name of Officer
President
 Title of Officer

File Date _____
Check No _____
By: _____
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