

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS RETARY OF STATE Office of the Secretary of State - Division of Business Services PORATIONS DIV

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Websita: www.sos.ri.gov ~ Websita: www.

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filling 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.	2. Exact name of the Corporation	
147074	Bethel's Prayer	Ladder Ministries
3. State of Incorporation	4. Brief description of the character of bu	siness conducted in Rhode Island 813110
	Dissement in the	100 to 1 C to 100 100 100 100 100 100 100 100 100 10
K (the effort of Spring	en Materials for training in
5. Principal office address (D. Box 2074	City Party cher State Zip 2861
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)		
President Name		Vice-President Name
tatricio	trancis	retricia trancis
Street Address P. O. T.	30x2074	Street Address P. D. Box
Pawlicket	State Zip O2861	Paulucket RI 02861
Secretary Name		Treasurer Name
State Address	Mayo	Super Address
Street Address VIXON	Avenue	Street Address 20 St James St
Rocky Point	State VC 28 H57	CityProvidence State R1 2102908
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)		
Director Name	.4.0	Director Name
KONICO	i Mayo	Diane Kindrell
Street Address VIXOT	1 Avenus	87 Gallus Street
City Rock Pant	State NC Zip 28457	Chyfouldance State Rl Zip 02907
Director Name	saliems	Dr Gwendolyn Collins
Street Address (1	· ·	Street Address
H7 Bratt	le Street	136 Wilminton Street
City Providence	State R (218 2907	City Boston State MA 21p 02124-462
8. REGISTERED AGENT IN RHODE ISLAND		
This Information is currently of record in the Office of the Secretary of State. Changes require filling Form 641.		
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee		
	FILED	
<u> </u>	11/11/04	Under penalty of penjury, I declare and affirm that I have examined
File Date	JUN 2 1 2018	this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Check No		
By:	Jan 333231	Signature of Officer Date
FOR SECRETARY OF STATE	USE ONLY 12:43	Patricia fran. CIS Brin of Type Name of Officer
		President
Form No. 631 Revised: 05/2012		Title of Officer