



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 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 138014		2. Name of Corporation Triumphant Christian Ministries (Church) International			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 91 ARTHUR ST		City PAWTUCKET	Zip 02860
5. Foreign corporation. Enter principal office address				City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island A RELIGIOUS ORGANIZATION FOR THE PURPOSE OF TEACHING CHRISTIAN VALUES AND PRINCIPLES; WILL OPERATE AS A CHRISTIAN MINISTRY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name AUGUSTINE A. MAKOR			Vice President Name NONE		
Street Address 91 Arthur St.			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Kizzie Joseph			Treasurer Name Georgia Duncan		
Street Address 80 Arthur St. #5			Street Address 30 Viola St.		
City Pawtucket	State RI	Zip 02860	City Providence	State RI	Zip 02908
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL 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 AUGUSTINE A. MAKOR			Director Name Terri Winston		
Street Address 91 ARTHUR ST			Street Address 17 Goddard St.		
City PAWTUCKET	State RI	Zip 02860	City PROVIDENCE	State RI	Zip 02908
Director Name AUGUSTUS DUNCAN			Director Name MASSAH Kromah		
Street Address 30 VIOLA ST.			Street Address 56 Melissa St.		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02904
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name AUGUSTINE A. MAKOR			Address		
Address 91 ARTHUR STREET			City PAWTUCKET	Zip 02860	

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



138014

File Date	6-25-05
Check No.	1123
By:	<i>[Signature]</i>
FOR SECRETARY OF STATE USE ONLY	

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] 6/24/05
Signature of Officer Date
AUGUSTINE A. MAKOR
Print or Type Name of Officer
President
Title of Officer