

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionRECEIVED
SECRETARY OF STATE
CORPORATE DIVISIONAnnual Report for the year:
Non-Profit Corporation2019

2019 JUL 30 PM 3 28

→ 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 001683713		2. Exact name of the Corporation HARMONY MINISTRIES, Inc			
3. State of Incorporation R.I		5. Brief description of the character of business conducted in Rhode Island Church MINISTRIES			
4. NAICS Code 813110					
6. Principal Office Address William Hourdy		595 Sherman Farm Rd. Harrisville, RI 02830		City Harrisville	State RI
				Zip 02830	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William Hourdy			Vice-President Name Michael Corbin		
Street Address 595 Sherman Farm			Street Address 907 Arrow St		
City Harrisville	State RI	Zip 02830	City Bronx	State NY	Zip 10469
Secretary Name David Hourdy			Treasurer Name		
Street Address 595 Sherman Farm			Street Address		
City Harrisville	State RI	Zip 02830	City	State	Zip
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 William Hourdy			Director Name David Hourdy		
Street Address 595 Sherman Farm			Street Address 595 Sherman Farm		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Director Name Michael Corbin			Director Name		
Street Address 907 Arrow St			Street Address		
City Bronx	State NY	Zip 10469	City	State	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 William Hourdy				Date 7-30-2019	
Signature of Officer/Authorized Representative 				FILED JUL 30 2019	

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