

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Stree Providence, RI 02903-13, 401.222.30

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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1. Corporate ID No	2. Name of Corporation		in items of the	~~~~	- / a	
124654 3 State of Incorporation	JEREMIK	Rhode Island - Street Addre	IRII UGI NETKER	AT CENTE	·	
RI				WARW	ch 02888	
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resident Name	OF THE OFFICER	3: { X BUX FUR ATTAC	Vice President Name	BEFORE USING	ATTACHMENTS	
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wormich	State RI	02888	city warwest	State RI	21p 0288	
Secretary Name			Treasurer Name		<u>,</u>	
SAWI	E AS	ABOVE.	Sam AS ABOUE			
Street Address			Street Address			
City	State	Zip	City	Sinte	Zip	
	ORS OF A DOMEST	IC (RHODE ISLAND)	ACHMENT) FILL IN SPACES CORPORATION SHALL NO			
Sirce Address POSNE	EGAWSETT	AUE.	Street Address			
cii) Warurd	State PLI	02888	City	State	Zip	
Director Name MAHHEU	o Gerse	r.	Director Name			
Sireel Address 80 POSA	JE GANSE 1	TAUE	Street Address			
City	State IZ I	02888	City	State	Zip	
WARRELLE		DO NOT ALTER - Cha	nges require filing of Form	641 - R.J.G.L. 7	-6-13 / 7-6-78	
WARCOL 9. REGISTERED AGENT IN Agent Name 'THOMF	•		Address			

			report, including any accompanying schedules and s	statements, and that all
File Date	FILED	es:11 MA SS MUL 20	statements contained herein are true and correct.	6/20/05
Check No	JUN 2 2 2005	SECUE TO OBSERVE	Signature of Officer	Date
Ву:	By Mynds	31/16/20 / 33/33	Print or Type Name of Officer	
FOR S	SECRETARY OF STATE USE ONLY		VICE PRESIDENT	

Under penalty of perjury, I declare and affirm that I have examined this



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Streen Providence, RI 02903-13: 401-222-30-

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: June 1 - June 30 • Filing Fee: \$20.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1 Corporate ID No. 2. Name of Corporation JEREMIAH 6:16 SPATTUAL RETREAT 126654 3. State of Incorporation 4. Corporate address in Rhode Island - Street Addres R T 32888 2043 ELMWOOD 5. Foreign corporation. Enter principal office address 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Residential holf way hour for TRANTin boch into society in a C/Ran and Coben entirement.

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name BAKBANA Geisser MATI HEW Sireci Address POSNEGANSETT AVE 02888 02888 Secretary Name Street Address Street Address City City State State 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION <u>SHALL NOT BE LESS THAN THREE</u> (3). R.I.G.L. 7-6-23 Director Name INNIS THOMAS ARTBAKIA YOSNE BANSOT 02886 WARWIGH MATT HEW Beisser Street Address State 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 Address THOMAS ENNIS Address Elmwood MUE Warwich G2888

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

	FILED
File Date Check No.	JUN 22 2005
Ву:	By Moutz
	FOR SECRETARY OF STATE USE ONI.

Under penalty of perjury, I declare and affirm that I have ex	amined th	nis
report, including any accompanying schedules and statements,	and that	all
statements contained herein are true and correct.		

	statements contained her		1 1
2S:11 HA	weather milss	Gerson	6/20/05
	Signature of Officer	1	Date
AIO SRGII A GE SUVI	WHITHEM	GEISSER	
671	- Print or Type Name of Off	ficer	

VICE PRESIDENT

Form 631 Rev. 04/04



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 2003
Filing Period: June 1 - June 30 Filing Fee: \$20.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

L Compands (D.Va			•		
1. Corporate ID No.	2. Name of Corporation JEREMI		Spiritual Re	theat CENT	ER
	4. Corporate address in			City	Zip
RHODE ISLAND	2 .			WAISI	• • • • • • • • • • • • • • • • • • • •
5. Foreign corporation: Enter pris	ncipal office address		City	State	Zip
6. Brief Description of the charact	er of the affairs which a	e actually conducte	ed in Rhode Island		
PROVIDE A STR	cucture 60	EN VIRON	ment with sp	RITUAL AND	PRO-SOCIAL ATMOS
7. NAMES AND ADDRESS	SOFTHE OFFICE	RS CX" BOX FO	OR ATTACHMENT) [FILL	IN SPACES BEFORE US	INGATTACHMENTS
President Name BARBARA 6	EISSER		Vice President Name	ew GEISSE	u
Street Address			Creat Address		
80 POSNEGAN	SETT AVE.			NEGANSETT	
City	State	24p	City	4 RI	Zip 02 888
WARWICH Scirelary Name	ISI	02888	Tréasurér Name	72.1	
BARBARA GE	~CCE #		MATIN.	EN GEISSE	EU
Street Address	4 = 3 = 5 = 7 _		Street Address		
			•		
City	State	Zip	City	State	Zip
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	ES OF THE DIRECT RECTORS OF A DOM	ORS ("X" BOX E STIC (RHODE I	SLAND) CORPORATION SH	L IN SPACES BEFORE I ALL NOT BE LESS THA	USING ATTACHMENTS IN THREE (3) R.I.G.L 7-6-23
Director Name	0		Director Name	Co.	0.04
BARBARA	Geister			HEW Gers	ser
Street Address 80 PISNEG		ve 	. Street Address : 80 Po	SNEGANS	TT AUR
City warued	State R.I.	298 S	·City · Warne	he State	2ip 0286 S
Director Name	J	• • • • • • •	Director Name		
Thom As	ENNIS		: Sco 7.	7 Gibbs	
Street Address 20 43 E/w	wood Hom		Sireei Address	Elm wood	Aut
an waruch	State RI	Zip 02888		. Date	
9. REGISTERED AGENT I	RHODE ISLAND -	DO NOT ALTER-	Changes require filin	g of Form 641 -R.L	GL 7-6-13 / 7-6-78
Agent Name			Address		
THOMAS IA	NIS				
Address			City		Zip
20 43 E/m	road Aug		Warune	.	02888
	in ink hv either th	ie President V	ice President Secretary	Assistant Secretary	Treasurer, Receiver or Trustee
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					affirm that I have examined
		٦		luding any accompanyin tements contained hereil	ng schedules and statements,
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File Date	~~~		Math	un Geisse	4/30/03
	1561		Signature of Off	_	Date
Check No.	<u></u>				51 32 E15
$ _{B_{Y}}$	2		Print or Type No		
	ICE ONTY		_	PRESIDENT	
FOR SECRETARY OF STATE	USE UNLI		Title of Officer		Form 631 Rev. 6/0