



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. Corporate ID No.** 001677090

**2. Name of Corporation** ByFaith Orphans Center

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Corporate Address in Rhode Island**

No. and Street: 23 NAMQUID DRIVE

City or Town: MIDDLETOWN

State: RI

Zip: 02842

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

SEEKS TO HELP SUPPORT SOCIALLY PHYSICALLY EMOTIONALLY ECONOMICALLY AND SPIRITUALLY CHALLENGED ORPHANED CHILDREN AND WIDOWS MAINLY THROUGH HIV AND AIDS

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title**

**Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
SECRETARY	FAITH S MUNGE	40 CRANSTON AVE. APT #2 NEWPORT, RI 02840 USA
DIRECTOR/VICE CHAIRMAN	EDDIE HENDERSON	97 NORSEMAN PORTSMOUTH, RI 02870 USA
DIRECTOR/AMBASSADOR	LINDA HENDERSON	97 NORSEMAN PORTSMOUTH, RI 02870 USA
DIRECTOR/CHAIRMAN	BERNARD S MUNGE	23 NAMQUID DRIVE MIDDLETOWN, RI 02842 USA
DIRECTOR/TREASURER, CFO	JOYCE M MUNGE	23 NAMQUID DRIVE MIDDLETOWN, RI 02842 USA
DIRECTOR/AMBASSADOR	MERCY KIMANTHI	197 HARRINGTON AVE. WARWICK, RI 02888 USA
DIRECTOR	RHODA KIILU	P.O. BOX 6670-00200 NAIROBI KENYA, KEN

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JOYCE M. MUNGE 23 NAMQUID DRIVE MIDDLETOWN , RI 02842

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 11 Day of July, 2020 at 2:30:33 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By JOYCE MUNGE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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