



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

FILED
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3839

A. Ralph Molits, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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.

1. Corporate ID No. 28589		2. Name of Corporation Mission from God Healing Ministry Inc.			
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address 26 Chardon Dr.		City Portsmouth	Zip R.I.
5. Foreign corporation. Enter principal office address 813990			City	State	Zip 02871
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island To claim the gospel of Jesus Christ and Healing					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Maria C. Rocha			Vice President Name Richard Pierce		
Street Address 26 Chardon Dr.			Street Address 35 Chardon Dr.		
City Portsmouth	State R.I.	Zip 02871	City Portsmouth	State R.I.	Zip 02871
Secretary Name Ann M. Pierce			Treasurer Name Ann Pierce		
Street Address 35 Chardon Dr.			Street Address 35 Chardon Dr.		
City Portsmouth	State R.I.	Zip 02871	City Portsmouth	State R.I.	Zip 02871
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 Rev. Jay A. Finelli			Director Name Conlan McDonald		
Street Address 311 East Hooper St.			Street Address 40 CHARDON DR.		
City Tiverton	State R.I.	Zip 02878	City Portsmouth	State R.I.	Zip 02871
Director Name Richard Pierce			Director Name Rachel McDonald		
Street Address 35 Chardon Dr.			Street Address 40 Chardon Dr.		
City Portsmouth	State R.I.	Zip 02871	City Portsmouth	State R.I.	Zip 02871
9. REGISTERED AGENT IN RHODE ISLAND					

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

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

File Date _____
Check No. _____
By: _____
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.

Maria C. Rocha
Signature of Officer
Date
MARIA C. ROCHA 8-10-20
Print or Type Name of Officer
President
Title of Officer
President