



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

AMENDED ANNUAL REPORT

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.

91579

2. Name of Corporation

Bethel Prayer Ministries International USA, Inc.

3. State of Incorporation

New York

4. Corporate address in Rhode Island - Street Address

65 Goff Avenue

City

Pawtucket

Zip

02860

5. Foreign corporation: Enter principal office address

4262 Third Avenue

City

Bronx/New York

State

New York

Zip

10457

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

Conducting church service, preaching the word of God and counselling people.

Taking care of the needy and poor.

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Rev. Ebenezer Adarkwah

Vice President Name

Elder Frankie Tate

Street Address

65 Goff Avenue

City

Pawtucket

State

RI

Zip

02860

Treasurer Name

Deac. Judith Brimpong

Street Address

65 Goff Avenue

City

Pawtucket

State

RI

Zip

02860

Director Name

Deacon Alex Danso

Street Address

65 Goff Avenue

City

Pawtucket

State

RI

Zip

02860

Director Name

Deac. Dina Amankwaah

Street Address

65 Goff Avenue

City

Pawtucket

State

RI

Zip

02860

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ 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

Samuel Boadu

Street Address

65 Goff Avenue

City

Pawtucket

State

RI

Zip

02860

Director Name

Josephine Oware

Street Address

65 Goff Avenue

City

Pawtucket

State

RI

Zip

02860

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

Min. Michael Kyei

Address

Address 65 Goff Avenue

City

Pawtucket, RI 02860

Zip

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

File Date	FILED
Check No.	NOV 17 2005
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.

Rev. Ebenezer Adarkwah 11/16/05
Signature of Officer Date
REV. EBENEZER ADARKWAH
Print or Type Name of Officer
PRESIDENT
Title of Officer