



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

**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. 135684		2. Name of Corporation Oasis Christian Church	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 157 Shand Ave	
		City Warwick RI	Zip 02889
5. Foreign corporation. Enter principal office address		City	State Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island INDEPENDENT CHRISTIAN CHURCH worship, Preaching, Teaching, Evangelism			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Edward D. Manston		Vice President Name Lawrence Barbel	
Street Address 25 Blakeley St.		Street Address 286 California Ave	
City Woonsocket	State RI	City Providence	State RI
Zip 02895		Zip 02905	
Secretary Name Meita Twe		Treasurer Name Anelia Manston	
Street Address 947 Chanks St. Apt. 10		Street Address 25 Blakeley St	
City North Providence	State RI	City Woonsocket	State RI
Zip 02904		Zip 02895	
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 Curt Nordhielm		Director Name SEUKIN E. PAYNE	
Street Address 200 Whitehall RD		Street Address 157 Shand Ave	
City Hooksett	State NH	City Warwick	State RI
Zip 03106		Zip 02889	
Director Name JEFF Busby		Director Name	
Street Address 6 Marcan Village RD		Street Address	
City N. Oxford	State MA	City	State
Zip 01537		Zip	
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 SEUKIN E. PAYNE		Address	
Address 340 ASYLUM ROAD		City WARWICK	Zip 02886

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



135684

**FILED**

File Date

JUL 18 2005

Check No.

By: By M J 2004

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.

[Signature]  
Signature of Officer

EDWARD D. MANSTON  
Print or Type Name of Officer

President  
Title of Officer



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No <b>135684</b>		2. Name of Corporation <b>Oasis Christian Church</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>157 Shand Ave</b>		City <b>Warwick</b>	Zip <b>02889</b>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>INDEPENDENT CHRISTIAN CHURCH</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>EDWARD D. MANSTON</b>			Vice President Name <b>ALFREDA BROWN</b>		
Street Address <b>25 Belkaley St.</b>			Street Address <b>234 Baker St. 2nd fl.</b>		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
Secretary Name <b>ANTA COOPER</b>			Treasurer Name <b>COMFORT M. PAGE</b>		
Street Address <b>120 Houston St.</b>			Street Address <b>79 Laura St.</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
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 <b>Curt Nordhielm</b>			Director Name <b>Seokin E. Payne</b>		
Street Address <b>200 Whitehall Rd.</b>			Street Address <b>157 Shand Ave</b>		
City <b>Hooksett</b>	State <b>NH</b>	Zip <b>03106</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>
Director Name <b>ANNIE C. CARTER</b>			Director Name		
Street Address <b>65 Newark St. Apt #1</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City	State	Zip
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 <b>SEOKIN E. PAYNE</b>			Address		
Address <b>348 ASYLUM ROAD 157 Shand Ave</b>			City <b>WARWICK</b>	Zip <del>02886</del> <b>02889</b>	

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



\* 1 3 5 6 8 4 \*

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.

*Edward D. Manston* 06-14-04  
Signature of Officer Date

**EDWARD D. MANSTON**  
Print or Type Name of Officer

**PRESIDENT**  
Title of Officer

File Date **RECEIVED**  
Check No. **JUN 28 2004**  
By: *[Signature]*  
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