



State of Rhode Island

Department of State - Business Services Division

FILED

JUN 17 2021

457

Annual Report for the year: 2021  
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>001683713</b>		2. Exact name of the Corporation <b>HARMONY MINISTRIES, Inc.</b>	
3. Principal Office Address <b>288 Quaker Highway</b>		City <b>North Smithfield</b>	State <b>RI</b>
		Zip <b>02895</b>	
4. NAICS Code <b>813110</b>	6. Brief description of the character of business conducted in Rhode Island <b>Church MINISTRY</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>William Howdy</b>		Vice-President Name	
Street Address <b>595 Sherman Farm Road</b>		Street Address	
City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Ingrid Howdy</b>		Director Name <b>Michael Corbin</b>	
Street Address <b>595 Sherman Farm Road</b>		Street Address <b>902 Bronx Ave</b>	
City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>	City <b>Bronx</b>
Director Name <b>William Howdy</b>		Director Name	
Street Address <b>595 Sherman Farm Road</b>		Street Address	
City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
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.			
Name of Authorized Representative 			Date <b>6/4/2021</b>
Signature of Authorized Representative <b>David Howdy</b>			