



**State of Rhode Island
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: 2021

1. Corporate ID No. 001674001

2. Name of Corporation TOL Ministries

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. Principal Office Address

No. and Street: 268 METACOM
APT 2

City or Town: WARREN State: RI Zip: 02885 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TOL MINISTRIES IS A CHRISTIAN NON-PROFIT ORGANIZATION WHOSE MISSION IS TO EMPOWER SINGLE PARENTS TO RISE ABOVE POVERTY. TOL MINISTRIES' CONCEPT COMES FROM THE THREE (3) MINISTRIES OF CHRIST PER THE BOOK OF MATTHEW, I.E. PREACHING, HEALING, AND TEACHING. TOL WILL IDENTIFY AND REACH OUT TO CLIENTS WHO RELY ON LONG-TERM GOVERNMENT ASSISTANCE. TOL MINISTRIES WILL PROVIDE SUPPORT, AND TRAINING TO ENABLE RE-INSERTION

INTO THE WORK PLACE AT A LEVEL THAT THE CLIENT CAN AUTONOMOUSLY SUPPORT THEIR FAMILIES.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JULIA A GORETZKE	268 METACOM AVENUE, APARTMENT 2 WARREN, RI 02885 USA
TREASURER	FLORENCE A MONTEGU	447 STAFFORD RD. UNIT C3 TIVERTON, RI 02769 USA
SECRETARY	FLORENCE A MONTEGU	447 STAFFORD RD. UNIT C3 TIVERTON, RI 02769 USA
DIRECTOR	MARIA RESENDES	428 PLEASANT STREET REHOBOTH, MA 02769 USA
DIRECTOR	DANIEL JONATHAN HORTON	72 FERRYLANE BARRINGTON, RI 02806 USA
DIRECTOR	LAURA BRADLEY	372 CHICAGO STREET FALL RIVER, MA 02721 USA

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

JULIA A .GORETZKE 268 METACOM AVE. APT. 2 WARREN , RI 02885

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

Signed this 8 Day of July, 2021 at 9:52:59 AM 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 JULIA A .GORETZKE
Signature of Authorized Person

Form No. 631
Revised 09/07