



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2013
Non-Profit Corporation

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R.I. DEPT. OF STATE
BUS SVCS DIV

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 139899		2. Exact name of the Corporation FAITH HEALING TEMPLE OF JESUS CHRIST, USA	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO ASSIST THE FAITH HEALING TEMPLE IN LIBERIA MEETS IT SPIRITUAL & FINANCIAL GOALS. TO ASSIST MEMEBES IN TIMES OF HARDSHIP	
4. NAICS Code 813110			
6. Principal Office Address 10 TARRAGON DRIVE		City JOHNSTON	State RI
		Zip 02919	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOSEPH KOON		Vice-President Name PHILOMINA ROBINSON	
Street Address 10 TARRAGON DRIVE		Street Address 77 SHERWOOD STREET	
City JOHNSTON	State RI	City PROVIDENCE	State RI
Zip 02919		Zip 02903	
Secretary Name		Treasurer Name ESTHER SOWAH	
Street Address		Street Address 134 WHITTIER AVE	
City	State	City PROVIDENCE	State RI
Zip		Zip 02919	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name JOSEPH KOON		Director Name PHILOMINA ROBINSON	
Street Address 10 TARRAGON DRIVE		Street Address 77 SHERWOOD STREET	
City JOHNSTON	State RI	City PROVIDENCE	State RI
Zip 02919		Zip 02903	
Director Name Norma Dennis		Director Name	
Street Address 22 BOYD Rd		Street Address	
City Hudson	State NH	City	State
Zip 03051		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative JOSEPH KOON			Date 8/22/2021
Signature of Officer/Authorized Representative 			

FILED

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY CU 3PXEA
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