



State of Rhode Island  
Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SERVICES DIV

2022 FEB 10 10:14:00

Annual Report for the year: 2022  
Non-Profit Corporation

- 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 <b>1664219</b>	2. Exact name of the Corporation <b>Flowing oil kingdom Assemblies International Inc NFP</b>
3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island. This organization is for charitable educational and Religious purposes including the making of distributions to organizations which qualify as exempt under Section 501(c)(3) of the IRS code
4. NAICS Code <b>813110</b>	

6. Principal Office Address <b>208 Roosevelt st</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <b>Lionel E Brown Jr</b>	Vice-President Name <b>Lynn Mifflin</b>
Street Address <b>208 Roosevelt st</b>	Street Address <b>208 Roosevelt st</b>
City <b>Providence</b> State <b>RI</b> Zip <b>02909</b>	City <b>Providence</b> State <b>RI</b> Zip <b>02909</b>
Secretary Name <b>Troylynda Williams</b>	Treasurer Name <b>Jennifer Stone</b>
Street Address <b>208 Roosevelt st</b>	Street Address <b>208 Roosevelt st</b>
City <b>Providence</b> State <b>RI</b> Zip <b>02909</b>	City <b>Providence</b> State <b>RI</b> Zip <b>02909</b>

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment

Director Name <b>Malinda Becks</b>	Director Name <b>Diantra Williams</b>
Street Address <b>208 Roosevelt st</b>	Street Address <b>208 Roosevelt st</b>
City <b>Providence</b> State <b>RI</b> Zip <b>02909</b>	City <b>Providence</b> State <b>RI</b> Zip <b>02909</b>
Director Name <b>Carla Brown</b>	Director Name <b>Yvette Banks</b>
Street Address <b>208 Roosevelt st</b>	Street Address <b>208 Roosevelt st</b>
City <b>Providence</b> State <b>RI</b> Zip <b>02909</b>	City <b>Providence</b> State <b>RI</b> Zip <b>02909</b>

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.**

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

Name of Officer/Authorized Representative <b>Lionel E Brown Jr</b>	Date <b>2/2/22</b>
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Signature of Officer/Authorized Representative 	<b>FILED</b>
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MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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