



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 A 11:22

Annual Report for the year:

Non-Profit Corporation

2021

→ 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 1664219		2. Exact name of the Corporation Flowing oil Kingdom Assemblies International Inc NFP	
3. State of Incorporation RI		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 813110			
6. Principal Office Address 208 Roosevelt St		City Providence	State RI
		Zip 02909	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Lionel E Brown Jr		Vice-President Name Lynn Mifflin	
Street Address 208 Roosevelt St		Street Address 208 Roosevelt St	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
Secretary Name Troylynda Williams		Treasurer Name Jennifer Stone	
Street Address 208 Roosevelt St		Street Address 208 Roosevelt St	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
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 Malinda Becks		Director Name Diandra Williams	
Street Address 208 Roosevelt St		Street Address 208 Roosevelt St	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
Director Name Carla Brown		Director Name Yvette Banks	
Street Address 208 Roosevelt St		Street Address 208 Roosevelt St	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
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 Lionel E Brown Jr			Date 2/2/20
Signature of Officer/Authorized Representative <i>[Signature]</i>			

FILED

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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BY **q0G E 13 Q**

FORM 631 - Revised: 08/2020

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