



State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV

2022 FEB 18 P 1:51

Annual Report for the year: 2022
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>01667109</u>		2. Exact name of the Corporation <u>FRUIT OF LIFE HEALING MINISTRY INC.</u>			
3. State of Incorporation <u>RHODE ISLAND</u>		5. Brief description of the character of business conducted in Rhode Island <u>establish and oversee places of worship, teach, and preach to all people conduct evangelistic and humanitarian outreach license and ordain ministers of the gospel and to also engage in activities which are necessary, suitable or convenient for the accomplishment of that purpose.</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>108 ENFIELD STREET</u>		City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02861</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>PASTOR CHRISTOPHER HTAMBA</u>		Vice-President Name <u>MAGDALENE R. SMITH</u>			
Street Address <u>108 ENFIELD STREET</u>		Street Address <u>108 ENFIELD STREET</u>			
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02861</u>	City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02861</u>
Secretary Name <u>KENNETH RICHARDS</u>		Treasurer Name <u>ALBERT F. TAMBA</u>			
Street Address <u>108 ENFIELD STREET</u>		Street Address <u>108 ENFIELD STREET</u>			
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02861</u>	City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02861</u>
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 <u>PASTOR CHRISTOPHER H TAMBA</u>		Director Name <u>PASTOR SUSAN DICKERSON</u>			
Street Address <u>108 ENFIELD STREET</u>		Street Address <u>108 ENFIELD STREET</u>			
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02861</u>	City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02861</u>
Director Name <u>MAGDALENE R SMITH</u>		Director Name <u>SILAS GLEPLAY COOPER</u>			
Street Address <u>108 ENFIELD STREET</u>		Street Address <u>108 ENFIELD STREET</u>			
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02861</u>	City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02861</u>
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 <u>PASTOR CHRISTOPHER H TAMBA</u>				Date <u>02/17/2022</u>	
Signature of Officer/Authorized Representative <u>Christopher H Tamba</u>				FILED	

FEB 18 2022
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