



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Non-Profit Corporation

2022

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

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2022 SEP -7 A 10:47

1. Entity ID Number 001704354		2. Exact name of the Corporation Tic-Toc Ministries	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Counseling Ministries - Life Coaching (Self Improvement) Ministering to the people of God those all in need and wayward - entities	
4. NAICS Code 813110			
6. Principal Office Address 29 Church Street #17		City EAST PROVIDENCE	State RI Zip 02914
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Mrs. Toni E. Campbell		Vice-President Name Ms. LATIQUA Williams	
Street Address 29 Church St. #17		Street Address 162 Second St.	
City EAST PROVIDENCE	State RI Zip 02914	City E. Prov.	State RI Zip 02914
Secretary Name Rosa Moniz		Treasurer Name	
Street Address 31 Sweetbriar Rd		Street Address	
City Barrington	State R-I. Zip 02806	City	State Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Mr. Charles Potter III		Director Name TiQuonda Williams	
Street Address 162 Second St.		Street Address 29 Church St. #17	
City E. Prov	State RI Zip 02914	City E. Prov	State RI Zip 02914
Director Name William Mugoedwin		Director Name	
Street Address 29 Church St. #17		Street Address	
City E. Prov	State R.I. Zip 02914	City	State 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.			
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 Mrs. Toni E. Campbell		Date Sept 7, 2022	
Signature of Officer/Authorized Representative Mrs. Toni E. Campbell		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

SEP 07 2022  
BY FYH14