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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$20.00

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	2. Exact name of the Corporation MISION CKISTIANA DE RESTAURACION CASA IRA					
000272268	ALFANKKO	ALFANCED OF EHOLE ISLAND / THE POTTER'S HOUSE RESTORATION CARISTIAN MI				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island of RINOE ISLAND					
<i>R:</i> /	1110k [16	P MINIS	TRY, ENANGEC	18m Ff-110	n/s/10	
4. NAICS Code		, , , , , , , , , ,	JOY, 12 MINUTES	in, reco	01/1/10	
<i>311</i> 0	AND	DISCIPLE	6.8H18			
6. Principal Office Address	<u>- </u>	<u> </u>	City	State	Zip	
89 STANSBURY ST			PROV	12/	01906	
7. List ALL officers (names and a	addresses)			Check the box to ind	icate an attachment	
President Name L) A (I F L I I) E (T			Vice-President Name			
Street Address 89 Stanshun			Street Address			
City	State	Zip 1908	City	State	Zip	
Secretary Name		1 00 100	Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	2ip	
8 1 ist ALL directors (names and	 	<u> </u>				
8. List ALL directors (names and	adoresses), Ri Co	rporations MUST lis	st at least THREE directors.	Check the hox to inc	icate an attachment	
Director Name / West			Director Name MAR		Onz	
Street Address / C/			Street Address 50 FRUIT HILL AVE			
29 Stalisoner	/		300		191/2	
City Prov	State	26)1918	City Land	State /	Zip 1926100	
89 Stalisbury	State/2/	202908	City PROV Director Name	State R/	Zip 02 909	
City P/6V Director Name EDUSED: MEN	State R	202908	Director Name	State 2/	zip 02 909	
City POV Director Name EDUARDS MEN StreetAddress RALPH	StateR/ IDE2 SF #1	201908	PROV	State 2/	Zip 02 909	
City P/6V Director Name EDUSED: MEN	State R/	z16)1908 zip01909	Director Name	State	Zip d2 G09	
City POV Director Name EDUACIO MEN Street Address A CPH City POV	State R/		Director Name Street Address City	State		
City POV Director Name ED (HED) MEN Streeth Address A CPH City POV 9. The Registered Agent informa Under penalty of perjury, I dec	State R/ ation of record with	the RI Department	Director Name Street Address City of State is accurate. Change this report, including an	State es require filing Form 6	41.	
City POV Director Name LOCHEDO MEN Street Address City POV 9. The Registered Agent information of perjury, I decistatements, and that all statements.	State R/ State R/ ation of record with clare and affirm the ments contained h	the RI Department at I have examined erein are true and	Director Name Street Address City of State is accurate. Change this report, including any correct.	State es require filing Form 6 y accompanying sche	41. dules and	
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Website: www.sns.n.anv