



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

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2023 APR 17 A 10:42

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 & Life Coaching MINISTRIES FOR SELF IMPROVEMENT IN ALL ENTITIES MINISTERING TO THE WAYWARD People of GOD	
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) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MRS. TONI E. CAMPBELL		Vice-President Name	
Street Address 29 Church Street #17		Street Address Ms. LATIQUA Williams	
City EAST PROVIDENCE	State RI	Zip 02914	City 162 Second St. E. Prov.
Secretary Name MS. ROSA MONIZ		Treasurer Name	
Street Address 162 SECOND STREET		Street Address	
City EAST PROV	State RI	Zip 02914	City
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 MR. CHARLES POTTER III		Director Name LiQuonda Williams	
Street Address 162 Second STREET		Street Address 29 Church STREET #17	
City EAST PROV.	State RI	Zip 02914	City E. Prov.
Director Name		Director Name WILLIAM MUGOODWIN	
Street Address		Street Address 29 Church STREET #17	
City	State	Zip	City E. Prov.
			State RI.
			Zip 02914
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. TONIE E. CAMPBELL			Date 04-17-2023
Signature of Officer/Authorized Representative <i>Mrs. Toni E Campbell</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

APR 17 2023
BY *[Signature]* ZVCB
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