RI SOS Filing Number: 202333091470 Date: 4/17/2023 4:00:00 PM



State of Rhode Island

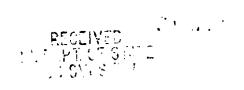
Department of State - Business Services Division

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



—> Penalty. Additional \$25.00 fee if form is not filed by May 31.			2023 APR 17 A 10: 42			
Entity ID Number	2. Exact name of the Corporation					
001704354	TIC-TOC MINISTRIES					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND	Counceling ELife coaching MINISTRIES. FOR SELF Improvement in ALL ENTITIES					
4. NAICS Code	MINISTORING TO the Wayward People of GOD					
813110						
6. Principal Office Address			City		State	Zip
29 CHURCH STR	EET :	II 17	EAST	PROVIDENCE	RI	02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
MRS. IONI E. CAMPBELL			Vice-President Name			
Street Address Husch Street # 17				Latiqua	Willia	ms
EAST PROVIDENCE	I Ctato	282914	City 162	SecondSt.	State Prov.	Z192914
Secretary Name ROSA MONIZ			Treasurer Name			
Street Address Edg 162 Second STREET			Street Address			
CITY EAST PROV	State RI	Zip 02914	City		State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
MR. CHARLES POTTER III			Director Name 11 Quanda Williams			
Street Address Second STREE!			Street Address Church STREET #17			
CEAST PROV.	State PI	210 2914	City	PROV.	State 7	^{zi} 82914
Director Name	Director Name MUGOOD WIN					
Street Address			Street Addres	ChurcH S	STREET	#17
City	State	Zip	city. P	(M· ,	State I.	zip 2914
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					Date	
Mrs. IONIE. CAMPBELC					04-17-2	1023
Signature of Officer/Authorized Representative FILED						
MAIL TO: A D.F. 1.7 2022						

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 631 - Revised: 2/2023