



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Non-Profit Corporation

2023

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

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1. Entity ID Number <b>001704354</b>		2. Exact name of the Corporation <b>TIC-TOC MINISTRIES</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>COUNSELING &amp; LIFE COACHING MINISTRIES FOR SELF IMPROVEMENT IN ALL ENTITIES MINISTERING TO THE WAYWARD PEOPLE OF GOD</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>29 CHURCH STREET # 17</b>		City <b>EAST PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02914</b>	
7. List ALL officers (names and addresses). <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>MRS. TONI E. CAMPBELL</b>		Vice-President Name	
Street Address <b>29 Church Street # 17</b>		Street Address <b>Ms. LATIQUA Williams</b>	
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>162 Second St. E. Prov.</b>
Secretary Name <b>MS. ROSA MONIZ</b>		Treasurer Name	
Street Address <b>162 SECOND STREET</b>		Street Address	
City <b>EAST PROV</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>E. Prov.</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>MR. CHARLES POTTER III</b>		Director Name <b>LiQuonda Williams</b>	
Street Address <b>162 Second STREET</b>		Street Address <b>29 Church STREET # 17</b>	
City <b>EAST PROV.</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>E. Prov.</b>
Director Name <b>WILLIAM MUGOODWIN</b>		Director Name	
Street Address <b>29 Church STREET # 17</b>		Street Address	
City <b>E. Prov.</b>	State <b>RI.</b>	Zip <b>02914</b>	City
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
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 <b>Mrs. TONIE E. CAMPBELL</b>			Date <b>04-17-2023</b>
Signature of Officer/Authorized Representative <i>Mrs. Toni E Campbell</i>			<b>FILED</b>

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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BY *[Signature]* / ZVCB  
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