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**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
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.

1. Entity ID Number 001731466		2. Exact name of the Corporation SAINTE ANCTOR DRAMA MINISTRY			
3. State of Incorporation R		5. Brief description of the character of business conducted in Rhode Island Spreading the gospel through films, stage production, prayers in order to help and give back to their need and bring them closer to salvation			
4. NAICS Code 813110					
6. Principal Office Address 7 DOSCO DRIVE			City Providence	State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BEATRICE ADERONKE KUTI		Vice-President Name AARICA DARA KOLIYAH			
Street Address 7 DOSCO DRIVE		Street Address 86 LANCASTIRE STR. APT. 2			
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02908
Secretary Name EMMANUEL O. KUTI		Treasurer Name			
Street Address 7 DOSCO DRIVE		Street Address			
City PROVIDENCE	State RI	Zip 02904	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 <input type="checkbox"/>					
Director Name BEATRICE ADERONKE KUTI		Director Name AARICA DARA KOLIYAH			
Street Address 7 DOSCO DRIVE		Street Address 86 LANCASTIRE ST. APT. 2			
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02908
Director Name EMMANUEL O. KUTI		Director Name			
Street Address 7 DOSCO DRIVE		Street Address			
City PROVIDENCE	State RI	Zip 02904	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative BEATRICE ADERONKE KUTI					Date 2/26/24
Signature of Officer/Authorized Representative 					

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 DJ3NT