



State of Rhode Island
Department of State - Business Services Division

JUL 11 2024

Annual Report for the year: 2024
Non-Profit Corporation

1027 02

→ 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 <u>716543</u>		2. Exact name of the Corporation <u>Fatima, Mawu & Murey, Inc.</u>			
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>Religious. Talks on prayer & recovery.</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>310 Bayley Ave.</u>			City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Judith Studer</u>			Vice President Name <u>Mary Marko</u>		
Street Address <u>310 Bayley Ave.</u>			Street Address <u>39 Laurel Rd. 02822</u>		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>Epeter</u>	State <u>RI</u>	Zip <u>02822</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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 <u>Judith Studer</u>			Director Name <u>Mary Marko</u>		
Street Address <u>310 Bayley Ave.</u>			Street Address <u>39 Laurel Rd.</u>		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>Epeter</u>	State <u>RI</u>	Zip <u>02822</u>
Director Name <u>Michael Marko</u>			Director Name		
Street Address <u>39 Laurel Rd.</u>			Street Address		
City <u>Epeter</u>	State <u>RI</u>	Zip <u>02822</u>	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <u>JUDITH STUDER</u>					Date <u>July 8, 2024</u>
Signature of Officer/Authorized Representative <u>Judith Studer</u>					

MAIL TO:

Division of Business Services

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