RI SOS Filing Number: 202217729600 Date: 5/20/2022 4:00:00 PMOEIVED

R.I. DEPT OF STATE BUS SYNC DIV



State of Rhode Island

## **Department of State - Business Services Division**

2022 HAY 20 P 3: 04 STALLE

Annual Report for the year: Non-Profit Corporation

2022

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

Terraity. Additional \$25.00 lee ii r	onn is not med by May 31.					
Entity ID Number	2. Exact name of the Corpo	oration			,	<b>c</b> .
000087509	NOW COVER	ant	Ministries	In	Ernak	isnal
3. State of Incorporation	5. Brief description of the cl			ode Isla		
RI	MICSIANISI	FALL	cation, Chu		Town of	1 1
4. NAICS Code	11117/10100	Lui	amon, crui	an,	lranya	icion, etc/
813110						
6. Principal Office Address	1	c	East Provid	500	State	Zip
56 N. Sprues	<u> </u>	1	tast provid	אושג	PLL	02914
7. List ALL officers (names and addresses)  Check the box to indicate an attachment						
President Name Dr. Joseph Quainoo			Vice-President Name  No. VONESCA NUSINOS			
Street Address	23	Si	treet Address	23		
city Providence	State Zip 29	703 C	"Providence	Į,	State	Zip 903
Secretary Name ARD GOV	`	- 1	reasurer Name EVGN (19/1)	ne.	Hankin	SOVI
Street Address Nampana	ig trail # 23	35 SI	treet Address	uce		•
City Riverside	State Zip 29		"E. Bouide	v ce	State	Zip 02914
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment						
Director Name  Director Name  Ar 7	oseph Quair	200 D	irector Name	<u></u>		
Street Address	Jegon Cular		treet Address		eia T	`/
Box 23223	State Zip	-	1457 Wally	0411	oag lya	ul
Providence	State Zip O20	703	Kiver side		RI	02915
Evangeline Hankinson			Director Name, Vanessa Quarnoo			
Street Address of Spruce of			Street Address 23223			
CHYE Providence	State Rg Zip 029	14 c	Providence		State	Z10 2903
9. The Registered Agent information			tate 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  BISHOP DY. JOSEPH Quainoc					May 20 2022	
Signature of Officer/Authorized Representative						
The Care	Augument 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 MAY 2 0 2022

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