

1.) CORPORATION NAME: <b>ROSE OF SHARON MINISTRIES WORLDWIDE INC.</b>	DUE DATE: <b>6/30/2015</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CHRISTIANA BRUWAA-FRIMPONG 16800 SWEENEY LN WOODBIDGE, VA</b>	SCC ID NO: <b>07531254</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>PRINCE WILLIAM COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 16800 SWEENEY LANE

CITY/ST/ZIP: WOODBRIDGE, VA 22191

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: VINCENCIA QUARSHIE MARSHAL TITLE: PRESIDENT ADDRESS: 16800 SWEENEY LANE CITY/ST/ZIP/CO: WOODBRIDGE, VA 22191	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MINA ACHEAMPONG TITLE: DIRECTOR ADDRESS: 16602 BARBE CIR CITY/ST/ZIP/CO: WOODBRIDGE, VA 22191	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: KOFI ASANTE TITLE: DIRECTOR ADDRESS: 175 FERN CT CITY/ST/ZIP/CO: COLCHESTER, VT 05446	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: CHRISTIANA BRUWAA FRIMPONG TITLE: DIRECTOR ADDRESS: 16800 SWEENEY LN CITY/ST/ZIP/CO: WOODBRIDGE, VA 22191	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ VINCENCIA QUARSHIE MARSHAL	VINCENCIA QUARSHIE MARSHAL, PRESIDENT	7/29/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.