



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
A. Ralph Mollis, Secretary of State

Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 29025		2. Name of Corporation The Church of the Lord Jesus Christ	
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 23 Goddard St	
		City Providence	Zip 02908
5. Foreign corporation. Enter principal office address		City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Worship services			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Melaki Briggs		Vice President Name Joseph Cabral	
Street Address 23 Goddard St		Street Address 56 Charles St	
City Providence	State R.I.	City East Providence	State R.I.
Secretary Name Melaki Briggs		Treasurer Name	
Street Address 23 Goddard St		Street Address	
City Providence	State R.I.	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name Cathy Walters		Director Name Yvonne Harris	
Street Address 193 Rutherford St		Street Address 21 Goddard St	
City Providence	State R.I.	City Providence	State R.I.
Director Name Clara Morris		Director Name Melaki Briggs II	
Street Address Cachaloe Drive		Street Address 360 Orms St	
City Providence	State R.I.	City Providence	State R.I.
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name		Address	
Address		City	Zip

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Melaki W. Briggs 6-1-08
Signature of Officer Date
Melaki W. Briggs
Print or Type Name of Officer
Pastor
Title of Officer

FILED
JUN 24 2008
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