



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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. 28943		2. Name of Corporation CHURCH OF GOD IN CHRIST JESUS, INC			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 145 - SALINA ST		City PROVIDENCE	Zip 02908
5. Foreign corporation. Enter principal office address		City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island RELIGIOUS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MORRIS GREFFEN			Vice President Name CHESTER L DEWITT		
Street Address 6272 - MARBUT FARM TRAIL			Street Address 145 - SALINA STREET		
City LITHONIA	State G.A.	Zip 30058	City PROVIDENCE	State R.I.	Zip 02908
Secretary Name TOMMY JONES			Treasurer Name CHESTER L DEWITT		
Street Address 78 ADAMS ST. APT. E			Street Address 145 - SALINA ST.		
City PROVIDENCE	State R.I.	Zip 02904	City PROVIDENCE	State R.I.	Zip 02908
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ 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 MORRIS GREFFEN			Director Name CHESTER L DEWITT		
Street Address 6272 MARBUT FARM TRAIL			Street Address 145 - SALINA ST.		
City LITHONIA	State G.A.	Zip 30058	City PROVIDENCE	State R.I.	Zip 02908
Director Name TOMMY JONES			Director Name		
Street Address			Street Address		
City PROVIDENCE	State R.I.	Zip 02904	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

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

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CORPORATION DIV
2008 DEC 10 PM 12:38

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File Date	FILED
Check No.	DEC 10 2008
By	By 04075542
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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.

Signature of Officer _____ Date _____

Vice President CHESTER L DEWITT
Print or Type Name of Officer

Title of Officer