

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, PL 0 2004-2615

Providence, RI 02904-2615 401.222.3040

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.

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1. Corporate ID No.	2. Name of Corporation					
136276	CENTER OF PRAISE CHURCH OF GOD					
3. State of Incorporation	1	bode Island - Street Address		City	Zip	
RHODE ISLAND	22 WINTER	R STREET, P. O. BO	X 5867	PROVIDENCE	02903	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the character of	of the affairs which are act	ually conducted in Rhode Isla	Lnd			
TO TRAIN PASTORS, EVA OF THE KINGDOM OF GO 7. NAMES AND ADDRESSES	D.					
President Name			Vice President Name			
REV. MORRIS S. BRYANT			NONE			
Street Address 100 PARK PLACE, APT. 214			Street Address			
City	State	Zip	City	State	Zip	
PAWTUCKET	RI	02860	cuy	State	ZΨ	
Secretary Name SIS. WILLISA K. BULL			Treasurer Name NONE			
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address			
36 KNOWLES S	STREET					
City	State	Zip	City	State	Zip	
PAWTUCKET	RI	02860				
8. NAMES AND ADDRESSES	OF THE DIRECTOR	RS: <i>("X" BOX FOR ATTAC</i>	HMENT) FILL IN SPACES	BEFORE USING ATTAC	HMENTS	
THE NUMBER OF DIRECTO	ORS OF A DOMESTIC	C (RHODE ISLAND) C	ORPORATION SHALL NOT	BE LESS THAN THREE	(3). R.I.G.L. 7-6-23	
Director Name			Director Name			
REV. RUDOLPH K. STEWART			REV. JEMIMA K. BRYANT			
Street Address			Street Address			
45 CARTER STREET, APT 2-FRONT			9 HARRIS STREET, APT 1B			
Сиу	State	Zip	City	State	Zip	
PROVIDENCE	RI	02907	PAWTUCKET	RI	02861	
Director Name SIS. FELICIA WISSEH-BRYANT			Director Name SIS. MILTINA D. WRIGHT			
Street Address			Street Address			
100 PARK PLACE, APT. 214			377 PINE AVE, APT. 3			
City	State	Zip	City	State	Zip	
PAWTUCKET	Ri	02860	PROVIDENCE	RI	02903	
9. REGISTERED AGENT IN	RHODE ISLAND	-		•	•	
This information is currently of	of record in the Office	of the Secretary of State	. Changes require filing of For	rm 641 - R.I.G.L. 7-6-13/	7-6-78	
This report must	be signed by either t	he President, Vice Presi	dent, Secretary, Assistant Se	cretary, Treasurer, Recei	ver or Trustee	

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File Date FILED	-
Check No. JUN 0 8 2009 /	-
By	

136276

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.

REV. MORRIS S. BRYANT

Print or Type Name of Officer

PASTOR