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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 2011

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.	2. Name of Corporation		
26113	Deep Truth Full Gospel Rivival Center, Inc.		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
Rhode Island	P.O. Box 843 Annex Station	Providence	02901
5. **Foreign corporation.** Enter principal office address	City	State	Zip
none			

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	Street Address	City	State	Zip
Rev. Henry L. McRae	P.O. Box 843 Annex Station	Providence	RI	02901
Vice President Name	**Street Address**	**City**	**State**	**Zip**
Evang. Victoria McRae	P.O. Box 843 Annex Station	Providence	RI	02901
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Rev. Yabbeju Rapaka	PO Box 65295	Virginia Beach	VA	23467
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Evang. Victoria McRae		Providence	RI	02901

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	Street Address	City	State	Zip
Rev. Henry L. McRae	PO Box 843 Annex Station	Providence	RI	02901
Director Name	**Street Address**	**City**	**State**	**Zip**
Evang. Victoria McRae	P.O. Box 843 Annex Station	Providence	RI	02901
Director Name	**Street Address**	**City**	**State**	**Zip**
Rev. Yabbeju Rapaka	PO Box 65295	Virginia Beach	VA	23167
Director Name	**Street Address**	**City**	**State**	**Zip**

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	City	Zip
Rev. Henry L. McRae			
Address		**City**	**Zip**
77 Harrison Street		Providence	02909

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

[redacted] 2 6 1 1 3 [redacted]

FILED
File Date _____
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By: BY 1062
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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.

Evang. Victoria McRae 6-14-11
Signature of Officer *Date*

Evang. Victoria McRae
Print or Type Name of Officer

Vice-President
Title of Officer

[redacted]

64902-3-635560

Form 631 Rev. 12/06