



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

Filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$26.00 PENALTY FEE.

1. Entity ID No. 000027252		2. Exact name of the Corporation Praise Tabernacle			
3. State of Incorporation Rhode Island		4. Corporate Address in RI - Street Address 251 Magnolia Street		City Cranston	Zip 02910
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island Church					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name L. Allen Pangburn			Vice-President Name		
Street Address 34 Briar Hill Road			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Secretary Name Kevin Brekka			Treasurer Name William Morse		
Street Address 160 Hillcrest Drive			Street Address 131 Brendard Avenue		
City Cranston	State RI	Zip 02921	City Warwick	State RI	Zip 02889
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Barbara DeJesus			Director Name Leo Morales		
Street Address 46 Netherlands Avenue			Street Address 60 Herbert Street		
City Cranston	State RI	Zip 02905	City Providence	State RI	Zip 02909
Director Name David Clark			Director Name Charles Johnson		
Street Address 89 Ash Avenue			Street Address 306 Scituate Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02921
9. REGISTERED AGENT IN RHODE ISLAND					

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 SECRETARY OF STATE
 CORPORATIONS DIV
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This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.
 This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____
 Check No _____
 By: _____

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements furnished herein are true and correct.

 Signature of Officer _____ Date **2-14-12**

FILED 11:24

L. Allen Pangburn
 Print or Type Name of Officer
President
 Title of Officer

FOR SECRETARY OF STATE USE ONLY
 Form No. 631
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