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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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 $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
113278	DIVINE HARVEST CHURCH OF GOD IN CHRIST
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
R I	Religious Worship, Christian Education, Community Outreach

5. Principal office address	City	State	Zip
14 Harding Street	Pawtucket	RI	02861

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Reverend Michael A. Brown	MRS. Frances H. Brown
Street Address: 14 Harding Street	Street Address: 14 Harding ST
City: Pawtucket State: RI Zip: 02861	City: Pawtucket State: RI Zip: 02861
Secretary Name	**Treasurer Name**
MRS. Ruth Thomas	
Street Address: 105 Newman Ave So 1013	Street Address:
City: Rumford State: RI Zip: 02916	City: State: Zip:

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Mr. William Mitchell	Mrs. Audrey Wiggins
Street Address: 349 Montgomery Ave 6E	Street Address: 167 Walnut ST
City: Providence State: RI Zip: 02905	City: East Providence State: RI Zip: 02914
Director Name	**Director Name**
	Rev Mark Thomas
Street Address	**Street Address**
	10 Hartford AVE
City: State: Zip:	City: Johnston State: RI Zip: 02919

8. REGISTERED AGENT IN RHODE ISLAND

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

FILED

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

JUL 30 2012
BY 175958 Superintendent Michael A. Brown 7/17/2012
Signature of Officer Date

Superintendent Michael A. BROWN
Printed Type Name of Officer

Superintendent/Pastor Michael A. BROWN
Title of Officer

JUL 30 P12:29

Form No. 631
Revised: 05/2012

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