



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 2013

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. 568556		2. Exact name of the Corporation Triumph Generation Ministry			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO PREACH AND TEACH THE WORD GOD TO ALL NATIONS.			
5. Principal office address 80 HATHAWAY STREET		City PROVIDENCE	State RI	Zip 02910	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ANTHONY S.W. TEAGE			Vice-President Name		
Street Address 25 MINER STREET			Street Address		
City PROVIDENCE	State RI	Zip 02905	City	State	Zip
Secretary Name CECELIA F. KELLER			Treasurer Name DORIS GAYE		
Street Address 25 MINER STREET			Street Address 3 WOODFALL STREET		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02909
7. 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 PASTOR. ANTHONY S.W. TEAGE			Director Name PASTOR. CHRISTOPHER H. TAMBA		
Street Address 25 MINER STREET			Street Address 896 NEWPORT AVENUE		
City PROVIDENCE	State RI	Zip 02905	City PAWTUCKET	State RI	Zip 02861
Director Name APOSTLE. SAMUEL Y. ELLIOTT			Director Name MRS. CECELIA F. KELLER		
Street Address 13706 MUDRAD DRIVE 47-A3A			Street Address 25 MINER ST		
City BOLTIMORE	State MD	Zip	City PROVIDENCE	State RI	Zip 02905
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

APR 29 2013

File Date
 Check No.
 By: *[Signature]*
 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.

[Signature]
 Signature of Officer _____ Date _____

Print or Type Name of Officer _____

Title of Officer _____