



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. 000790121		2. Exact name of the Corporation CHURCH OF THE LIVING GOD MISSION	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island to teach and preach the completed word of God from the Bible, and to reach out people with spiritual and physical need	
5. Principal office address 70 Westfield Street		City Providence	State Rt
		Zip 02907	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name EROW J. BAPTISTE		Vice-President Name Marie T. Baptiste	
Street Address 9 SABRA ST Cranston RI 02910		Street Address 9 SABRA ST Cranston	
City Cranston	State RI	Zip 02910	City Cranston
			State RI
			Zip 02910
Secretary Name Jenny Romain		Treasurer Name Jenny Romain	
Street Address 69 Pearl St		Street Address 69 Pearl St	
City Providence	State RI	Zip 02907	City Providence
			State RI
			Zip 02907
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 EROW J. Baptiste		Director Name Jenny Romain	
Street Address 9 SABRA ST		Street Address 69 Pearl St	
City Cranston	State RI	Zip 02910	City Providence
			State RI
			Zip 02907
Director Name Annie Romain		Director Name	
Street Address 69 Pearl St		Street Address	
City PROV	State RI	Zip 02907	City
			State
			Zip
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 1259

JUL 08 2013

BY 12201121

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 of Officer: *[Signature]* Date: _____
 Print or Type Name of Officer: **EROW J. Baptiste**
 Title of Officer: **President**

File Date: _____
 Check No: _____
 By: _____ BY _____
 FOR SECRETARY OF STATE USE ONLY

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2013 JUL 10
 PM 12:59