



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

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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

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
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