



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. 96363		2. Exact name of the Corporation Greater Harvest Hope CHURCH OF GOD IN CHRIST			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island Religious Worship, Community outreach & Christian Education			
5. Principal office address 12 Clinton Street		City Central Falls	State RI	Zip 02863	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Superintendent Michael A. Brown			Vice-President Name		
Street Address 14 Harding Street			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name Frances H. Brown			Treasurer Name Audrey Wigginton		
Street Address 14 Harding Street			Street Address 167 Walnut Street		
City Pawtucket	State RI	Zip 02861	City East Providence	State RI	Zip 02914
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 Deacon William Mitchell			Director Name Reverend Mark A. Thomas		
Street Address 369 Montgomery Ave. GE			Street Address 105 Newman Avenue 1013		
City Providence	State RI	Zip 02905	City Rumford	State RI	Zip 02886
Director Name Deacon Carroll M. Evans			Director Name		
Street Address 27 Detroit Avenue			Street Address		
City Providence	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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 JUL 30 PM 3:09

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY

FILED
JUL 30 2013
CU 202860

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.

Superintendent Michael A. Brown 7/29/2013
 Signature of Officer Date

Superintendent Michael A. Brown
 Print or Type Name of Officer

Superintendent/President/Pastor
 Title of Officer