



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	
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. SE		Street Address 105 Newman Avenue	
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.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY
BY **CU 202860**

FILED

JUL 30 2013

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