



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. 26218		2. Exact name of the Corporation The 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, Christian Education, Community outreach	
5. Principal office address 490 Broadway		City Pawtucket,	State RI
		Zip 02860	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Reverend Michael A. BROWN		Vice-President Name	
Street Address 14 Harding Street		Street Address	
City Pawtucket	State RI	City	State
Zip 02861		Zip	
Secretary Name Mrs Frances H. BROWN		Treasurer Name Mrs. Audrey Wigginton	
Street Address 14 Harding Street		Street Address 167 Walnut Street	
City Pawtucket	State RI	City East Providence	State R.I.
Zip 02861		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 Mrs. RUTH A. Thomas		Director Name Mrs. Bessie Johnson	
Street Address 105 NEWMAN Avenue 501013		Street Address 313 Dubois Street	
City Rumford	State RI	City Newport,	State RI
Zip 02916		Zip 02814	
Director Name		Director Name Reverend Donald A. Griffin	
Street Address		Street Address 166 Congress Avenue	
City	State	City Providence,	State RI
Zip		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.			

2013 JUL 30 PM 3:09
 SECRETARY OF STATE
 CORPORATIONS DIV

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

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.

FILED

Reverend Michael A. Brown July 29, 2013
 Signature of Officer Date

JUL 30 2013

Reverend Michael A. BROWN
 Print or Type Name of Officer

BY CA 202860 **President / Pastor**
 Title of Officer