



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

2014

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2014

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.

RECEIVED
 MAY 20 AM 8:35
 SECRETARY OF STATE
 CORPORATIONS DIV

1. Entity ID No. M92015		2. Exact name of the Corporation Faith and Deliverance Tabernacle of God			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Said organization is organized exclusively for Charitable, Religious and educational purposes			
5. Principal office address 315 Park Ave # G-11		City Cranston	State RI	Zip 02905	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Patricia B. Smith			Vice-President Name Meggie Green		
Street Address 315 Park Ave. # G-11			Street Address 315 Park Ave. # G-11		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Secretary Name Nafi Grogbeh			Treasurer Name Bethie Sullivan		
Street Address 315 Park Ave # G-11			Street Address 315 Park Ave # G-11		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
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 Korise Ireland			Director Name Solan Hallway		
Street Address 315 Park Ave # G-11			Street Address 315 Park Ave # G-11		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Director Name Daphine Cooper			Director Name Jerry Mitchell		
Street Address 315 Park Ave # G-11			Street Address 315 Park Ave # G-11		
City Cranston	State RI	Zip 02905	City Cranston	State RI	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.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

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

FILED
 MAY 20 2014
 224497
 A.A.

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.

Patricia B. Smith 5.20.14
 Signature of Officer or Authorized Representative Date

Patricia B. Smith 5.20.14
 Print or Type Name of Officer or Authorized Representative