



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. M92075		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 checked="" 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 checked="" type="checkbox"/>					
Director Name Louise Ireland			Director Name Soren Hallaway		
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 Daphne 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