



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 **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.

1. Entity ID No. 136276		2. Exact name of the Corporation CENTER OF PRAISE CHURCH OF GOD			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO TRAIN PASTORS, EVANGELIST, AND TEACHERS TO HANDLE THE TASK OF PREPARING MEN AND WOMEN FOR THE WORK OF THE KINGDOM OF GOD.			
5. Principal office address 22 WINTER STREET, P. O. BOX 5867		City PROVIDENCE	State RI	Zip 02903	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MORRIS S. BRYANT			Vice-President Name NONE		
Street Address 348 KILLINGLY STREET, APT. 2			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Secretary Name JOSEPH M. COMEHN			Treasurer Name JAMES GBABA		
Street Address 202 PAWTUCKET AVENUE, APT. 11			Street Address 54 ARGOL STREET		
City PAWTUCKET	State RI	Zip 02860	City PROVIDENCE	State RI	Zip 02904
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 FELICIA WISSEH-BRYANT			Director Name BENDU J. COMEHN		
Street Address 348 KILLINGLY STREET, APT 2			Street Address 202 PAWTUCKET AVENUE, APT 11		
City PROVIDENCE	State RI	Zip 02909	City PAWTUCKET	State RI	Zip 02860
Director Name KOLLIE K. BRYANT			Director Name JEMIMA K. BRYANT		
Street Address 396 MINERAL SPRING AVENUE, APT. 15			Street Address 202 PAWTUCKET AVENUE, APT. 7		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
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
 JUN 10 2014

BY 2309

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.

Morris S. Bryant
 Signature of Officer or Authorized Representative Date **06/08/2014**

BISHOP MORRIS S. BRYANT
 Print or Type Name of Officer or Authorized Representative