



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2014

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 26113		2. Name of Corporation Deep Truth Full Gospel Revival Center, Inc.			
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address P.O. Box 843 Annex Station		City Providence	Zip 02901
5. Foreign corporation. Enter principal office address none		City		State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Religious					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Rev. Henry L. McRae			Vice President Name Evang. Victoria McRae		
Street Address P.O. Box 843 Annex Station			Street Address P.O. Box 843 Annex Station		
City Providence	State RI	Zip 02901	City Providence	State RI	Zip 02901
Secretary Name Rev. Yabbeju Rapaka			Treasurer Name Evang. Victoria McRae		
Street Address PO Box 65295			Street Address		
City Virginia Beach	State VA	Zip 23467	City Providence	State RI	Zip 02901
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Rev. Henry L. McRae			Director Name Evang. Victoria McRae		
Street Address PO Box 843 Annex Station			Street Address P.O. Box 843 Annex Station		
City Providence	State RI	Zip 02901	City Providence	State RI	Zip 02901
Director Name Rev. Yabbeju Rapaka			Director Name		
Street Address PO Box 65295			Street Address		
City Virginia Beach	State VA	Zip 23167	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name Rev. Henry L. McRae			Address		
Address 77 Harrison Street			City Providence	Zip 02909	

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



FILED

JUN 12 2014

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.

Evang. Victoria McRae

Signature of Officer

Date

Evang. Victoria McRae

Print or Type Name of Officer

Vice President

Title of Officer

File Date	BY	10/6
Check No.		
B:		
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