



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. 568556		2. Exact name of the Corporation TRIUMPH GENERATION MINISTRY INC.	
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island THE WORD OF GOD TO PREACH, TEACH AND EMPOWER GOD TO ALL NATIONS.	
5. Principal office address 80 HATHAWAY ST.		City PROVIDENCE	State RI
		Zip 02907	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name PASTOR ANTHONY S.W. TEAGE		Vice-President Name	
Street Address 699 HARRIS AVE.		Street Address	
City PROVIDENCE	State RI	Zip 02909	
Secretary Name CECELIA F. KELLER		Treasurer Name MRS. DORIS GAYE	
Street Address 699 HARRIS AVE.		Street Address 3 WOODFALL STREET	
City PROVIDENCE	State RI	Zip 02909	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name PASTOR CHRISTOPHER H. TAMBA		Director Name PASTOR ANTHONY S.W. TEAGE	
Street Address 896 NEWPORT AVENUE		Street Address 699 HARRIS AVE.	
City PAWBUCKET	State RI	Zip 02861	
Director Name APOSTLE SAMUEL J. ELLIOTT		Director Name CECELIA F. KELLER	
Street Address 13706 MODRAD DRIVE #7-A32		Street Address 699 HARRIS AVE.	
City BOLTIMORE	State MD	Zip	
		City PROVIDENCE	State RI
		Zip 02909	
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

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.

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

Signature of Officer or Authorized Representative

Date

ANTHONY S.W. TEAGE

Print or Type Name of Officer or Authorized Representative