**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. | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 28943 | CHURCH of GOD IN CHRIST JESUS INC. | | |
| 3. State of Incorporation | 4. Corporate Address in RI - Street Address | City | Zip |
| Rhode Island | 145-SALiNA ST. | PROVIDENCE | 02908 |
| 5. Foreign corporation. Enter principal office address | City | State | Zip |
| | | | |

6. Brief description of the character of business conducted in Rhode Island
RELIGOUS

2014 JUN 30 PM 12:5[illegible] DIV.

**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| President Name | Vice-President Name |
|---|---|
| MORRIS GRIFFIN | CHESTER L DEWITT Sr. |
| Street Address | Street Address |
| 3450 JONES Mill Road | 145 SALiNA ST. |
| City / State / Zip | City / State / Zip |
| NORCROSS / G.A. / 30092 | PROVIDENCE / RI. / 02908 |
| **Secretary Name** | **Treasurer Name** |
| Tammy JONES | S/A |
| Street Address | Street Address |
| 114 SCENERY LANE | |
| City / State / Zip | City / State / Zip |
| Johnston / R.I. / 02919 | |

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)** ☐

| Director Name | Director Name |
|---|---|
| MORRIS GRIFFIN | CHESTER L DEWITT Sr. |
| Street Address | Street Address |
| 3450 - JONES Mill Road | 145 - SALiNA ST. |
| City / State / Zip | City / State / Zip |
| NORCROSS / G.A. / 30092 | PROVIDENCE / RI. / 02908 |
| Director Name | Director Name |
| Street Address | Street Address |
| City / State / Zip | City / State / Zip |

**9. 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, Receiver or Trustee*

**File Date** _____
**Check No** _____
**By:** _____

**FILED**
JUN 30 2014

**FOR SECRETARY OF STATE USE ONLY** By 227565 KM

**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.**

Signature of Officer _____ Date

CHESTER L DEWITT Sr.
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer

Form No. 631
Revised: 01/2012