RI SOS Filing Number: 201442452280 Date: 07/09/2014 4:00 PM

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
113278	Divine Harvest Church of God In Christ
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Worship, Christian Education, community outreach Programs

5. Principal office address	City	State	Zip
14 Harding Street	Pawtucket	RI	02861

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

President Name	Vice-President Name
Reverend Michael L A. Brown	
Street Address: 14 Harding Street	Street Address:
City: Pawtucket State: RI Zip: 02861	City: State: Zip:
Secretary Name: Frances H. Brown	Treasurer Name: Audrey Wiggington
Street Address: 14 Harding Street	Street Address: 167 Walnut Street
City: Pawtucket State: RI Zip: 02861	City: East Providence State: RI Zip: 02914

7. 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
Mary Evans	Beverly Camper
Street Address: 27 Detroit Avenue	Street Address: 180 Pleasant Street Apt # 8
City: Providence State: RI Zip: 02905	City: Pawtucket State: RI Zip: 02860
Director Name: Reverend Mark A. Thomas	Director Name:
Street Address: 105 Newman Avenue S. 1013	Street Address:
City: Rumford State: RI Zip: 02916	City: State: Zip:

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

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Check No _____
By: _____
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FILED
JUL 09 2014
By 028154
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.

Reverend Michael A Brown 7/8/2014
Signature of Officer or Authorized Representative — Date

Reverend Michael A. Brown
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
109075-2-977307