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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		
26218	The Harvest Hope Church of God In Christ		
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island		
Rhode Island	Religious Worship, Community faith based outreach and Christian Education		
5. Principal office address	City	State	Zip
490 Broadway	Pawtucket	RI	02860

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

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

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
Bessie Johnson	Reverend Donald A. Griffin
Street Address: 31B DuBois Street	Street Address: 164 Congress Street
City: Newport State: RI Zip: 02814	City: Providence State: RI Zip: 02905
Director Name: Ruth 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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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 — June 30, 2014
Signature of Officer or Authorized Representative — Date

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

FOR SECRETARY OF STATE USE ONLY

File Date _____
Check No _____
By: _____

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By 208154
A.A.

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Form No. 631
Revised: 04/2014
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