



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. 72960		2. Exact name of the Corporation GRAIN COAST MINISTRIES, INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island CHURCH/RELIGIOUS			
5. Principal office address 711 PARK AVENUE		City CRANSTON		State RI	Zip 02910
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name BISHOP PHILIP E. NELSON, III			Vice-President Name EVANGELIST LEMAS T. HOWARD, SR		
Street Address 55 DAKVIEW LANE			Street Address 322 WEST AVENUE		
City DAKHAM	State MA	Zip 01068	City PAWTUCKET	State RI	Zip 02860
Secretary Name REV. MARY KNOTT-NELSON			Treasurer Name SIS. REGINA SOOREE-SIRLEAF		
Street Address 49 WINCHESTER STREET			Street Address 470 UNION AVENUE		
City PROVIDENCE	State RI	Zip 02904	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 BRD. JOHN-BASCO H. JOHNSON, JR.			Director Name BRD. S. EMMANUEL NELSON		
Street Address 310 SANFORD STREET			Street Address 55 DAKVIEW LANE		
City EAST ORANGE	State NJ	Zip 07018	City DAKHAM	State MA	Zip 01068
Director Name BRD. WALTER D. GOODING, II			Director Name BRD. CALVIN F. UREY		
Street Address 51 CHESTER AVENUE			Street Address 11 OLIVE STREET		
City IVINGTON	State NJ	Zip 07111	City BLOOMFIELD	State NJ	Zip 07003
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

APR 06 2015

File Date

Check No

By:

BY **CR 246290**

FOR SECRETARY OF STATE USE ONLY

12:00

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.

Rev. Philip E. Nelson, III
Signature of Officer or Authorized Representative

4/6/2015
Date

BISHOP PHILIP E. NELSON, III
Print or Type Name of Officer or Authorized Representative