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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 2013

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.**

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2015 APR -6 AM 11:58
SECRETARY OF STATE
CORPORATIONS DIV.

1. Entity ID No.	2. Exact name of the Corporation
72960	GRAIN COAST MINISTRIES, INC.
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	CHURCH / RELIGIOUS

5. Principal office address	City	State	Zip
711 PARK AVENUE	CRANSTON	RI	02910

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

President Name	Vice-President Name
BISHOP PHILIP E. NELSON, III	BRO. JAMES T. HOWARD, SR
Street Address: 55 OAKVIEW LANE	Street Address: 322 WEST AVENUE
City: OAKHAM / State: MA / Zip: 01068	City: PAWTUCKET / State: RI / Zip: 02860
Secretary Name	**Treasurer Name**
REV. MARY KNOTT-NELSON	SIS. REGINA SOCREE-SURLEAF
Street Address: 49 WINCHESTER STREET	Street Address: 407 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	Director Name
BRO. JOHN--BOSCO H. JOHNSON, JR	BRO. S. EMMANUEL NELSON
Street Address: 310 SANFORD STREET	Street Address: 55 OAKVIEW LANE
City: EAST ORANGE / State: NJ / Zip: 07018	City: OAKHAM / State: MA / Zip: 01068
Director Name	**Director Name**
BRO. WALTER D. GOODING, IV	BRO. CALVIN F. LIRGY
Street Address: 51 CHESTER AVENUE	Street Address: 11 BLING STREET
City: IRVINGTON / 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

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BY CK 246290
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File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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 Nelson, III — 4/6/2015
Signature of Officer or Authorized Representative — Date

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

Form No. 631
Revised: 04/2014

119564-5-989786