



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 2015

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. 136276		2. Exact name of the Corporation CENTER OF PRAISE CHURCH OF GOD			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO TRAIN PASTORS, EVANGELISTS, AND TEACHERS TO HANDLE THE TASK OF PREPARING MEN AND WOMEN FOR THE WORK OF THE KINGDOM OF GOD.			
5. Principal office address 22 WINTER STREET, P. O. BOX 5867		City PROVIDENCE		State RI	Zip 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name MORRIS S. BRYANT		Vice-President Name NONE			
Street Address 84 A HILARITY STREET		Street Address			
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Secretary Name WENDY WOODS		Treasurer Name JAMES GBABA			
Street Address 20 PLYMOUTH STREET		Street Address 54 ARGOL STREET			
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02904
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name JOSEPH M. COMEHN		Director Name BENDU J. COMEHN			
Street Address 202 PAWTUCKET AVENUE, APT. 11		Street Address 202 PAWTUCKET AVENUE, APT. 11			
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Director Name FELICIA WISSEH-BRYANT		Director Name JEMIMA K. BRYANT			
Street Address 84 A HILARITY STREET		Street Address 202 PAWTUCKET AVENUE			
City PROVIDENCE	State RI	Zip 02909	City PAWTUCKET	State RI	Zip 02860
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

MAY 18 2015

File Date _____

Check No _____

By: _____

BY 3431

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 or Authorized Representative

05/13/2015

Date

FOR SECRETARY OF STATE USE ONLY

BISHOP MORRIS S. BRYANT

Print or Type Name of Officer or Authorized Representative