



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2015

**1. Corporate ID No.** 000030245

**2. Name of Corporation** RESTORATION DELIVERANCE TEMPLE

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 619 CHALKSTONE AVENUE

City or Town: PROVIDENCE

State: RI Zip: 02908 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

PLACE OF WORSHIP, CHRISTIAN FAITH

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PRISCILLA WILLIAMS	P.O. BOX 35 DOUGLASVILLE, GA 30134 USA
TREASURER	MINNIE WILLIAMS	23 LEGION WAY CRANSTON, RI 02910 USA
SECRETARY	JASMINE AARIONNA MILLER	PO BOX 35

		DOUGLASVILLE, GA 30133 US
VICE PRESIDENT	MINNIE WILLIAMS	23 LEGION WAY CRANSTON, RI 02910 USA
DIRECTOR	ELLIOTT SUTTON	23 LEGION WAY CRANSTON, RI 02910 USA
DIRECTOR	PRISCILLA WILLIAMS	PO BOX 35 DOUGLASVILLE, GA 30133 USA
DIRECTOR	JASMINE AARIONNA MILLER	PO BOX 35 DOUGLASVILLE, GA 30133 US

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

PRISCILLA WILLIAMS 23 LEGION WAY CRANSTON , RI 02910

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 30 Day of July, 2015 at 5:18:52 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By PRISCILLA WILLIAMS  
Signature of Authorized Person

Form No. 631  
Revised 09/07