



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE

2016 JUN 7
 RECEIVED
 SECRETARY OF STATE
 CORPORATION DIVISION

1. Entity ID Number		2. Exact name of the Corporation	
568556		TRIUMPH GENERATION MINISTRY INC	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
RHODE ISLAND		TO PREACH, TEACH THE WORD OF GOD TO ALL NATIONS.	
5. Principal Office Address		City	State
80 HATHAWAY ST.		CRANSTON	RI
		Zip	02907
6. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>	
President Name		Vice-President Name	
PASTOR ANTHONY S.W. TEAGE			
Street Address		Street Address	
699 HARRIS AVE			
City	State	Zip	
PROVIDENCE	RI	02909	
Secretary Name		Treasurer Name	
GERALD M. BRIGGS		ROSE STOKES BAUER	
Street Address		Street Address	
61 BUTTON STREET		67 RUTHERGLEN AVE	
City	State	Zip	
PROVIDENCE	RI	02903	
City	State	Zip	
PROVIDENCE	RI	02907	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.		Check the box to indicate an attachment <input type="checkbox"/>	
Director Name		Director Name	
CHRISTOPHER H. TAMBA		CECELIA F. KELLER	
Street Address		Street Address	
896 NEWPORT AVE		699 HARRIS AVE	
City	State	Zip	
PAWUCKET	RI	02861	
City	State	Zip	
PROVIDENCE	RI	02909	
Director Name		Director Name	
DORIS GAYE		PASTOR ANTHONY S.W. TEAGE	
Street Address		Street Address	
3 WOODFALL ST		699 HARRIS AVE	
City	State	Zip	
PROVIDENCE	RI	02909	
City	State	Zip	
PROVIDENCE	RI	02909	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative			Date
ANTHONY S.W. TEAGE			
Signature of Officer/Authorized Representative			
SIGN DOCUMENT HERE			

FILED

JUN 07 2016

By CE C 10448642