



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

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 SECRETARY OF STATE
 DEPARTMENT OF STATE
 2016 AUG 31 PM 12:09

Annual Report for the year: 2016
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 113278		2. Exact name of the Corporation DIVINE HARVEST CHURCH OF GOD IN CHRIST, INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island Religious Worship, Christian Education, Community Outreach Programs			
5. Principal Office Address 14 Harding Street		City Pawtucket,	State RI	Zip 02861	
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Reverend Michael L. A. Brown		Vice-President Name			
Street Address 14 Harding Street		Street Address			
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name Rev. Donald A. Griffin		Treasurer Name Audrey Wigginton			
Street Address 166 Congress Street		Street Address 167 Walnut Street			
City Providence	State RI	Zip 02905	City East Providence	State RI	Zip 02914
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 Minister Carroll M. Evans		Director Name Frances H. Brown			
Street Address 27 Detroit Avenue		Street Address 14 Harding Street			
City Providence	State RI	Zip 02907	City Pawtucket	State RI	Zip 02861
Director Name Melissa Nelson		Director Name			
Street Address 21 Gray Street		Street Address			
City Providence	State RI	Zip 02905	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Reverend Michael L. A. Brown				Date August 30, 2016	
Signature of Officer/Authorized Representative Superintendent Michael A. Brown				SIGN DOCUMENT HERE	

FILED

AUG 31 2016

By ASL 282550

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov