



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

Annual Report for the year: 2017
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.

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BUS. SVCS. DIV.
2017 APR 24 PM 3:05

1. Entity ID Number 568556		2. Exact name of the Corporation TRIUMPH GENERATION MINISTRY INC.	
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO PREACH, TEACH THE WORD OF GOD TO ALL NATIONS.	
5. Principal Office Address 80 HATHAWAY ST		City CRANSTON	State RI
		Zip 02907	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name PASTOR. ANTHONY S.W. TEAGE		Vice-President Name	
Street Address 699 HARRIS AVE		Street Address	
City PROVIDENCE	State RI	Zip 02909	
Secretary Name GERALD M. BRIGGS		Treasurer Name ROSE STOKES BAUER	
Street Address 61 BUTTON STREET		Street Address 67 RUTHERGLEN AVE	
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE
			State RI
			Zip 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 CHRISTOPHER H. TAMBA		Director Name CÉCELIA F. KELLER	
Street Address 896 NEWPORT AVE		Street Address 699 HARRIS AVE	
City PAWTUCKET	State RI	Zip 02861	City PROVIDENCE
			State RI
			Zip 02909
Director Name DORIS GAYE		Director Name	
Street Address 3 WOODFALL ST		Street Address PASTOR. ANTHONY S.W. TEAGE	
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE
			State RI
			Zip 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.			
<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 ANTHONY S.W. TEAGE			Date
Signature of Officer/Authorized Representative ATEAGE			FILED

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

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FORM 631 - Revised: 02/2017