RI SOS Filing Number: 201741680320 Date: 4/25/2017 12:13:00 PM

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

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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.

1. Entity ID Number	2. Exact name of the Corporation
123731	The Temple of Deliverance, INC, Church of God
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	Wedding, Funeral, Water Baptism/Preaching/Teachin Body Protection/Birth protection/Adoption, Prayer

5. Principal Office Address	City	State	Zip
275 Reservoir Ave	Providence	RI	02907

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Jean Gerard Rhau	Jean K. Auguste
Street Address: 384 Union Ave	Street Address: 51 windmille #1
City: Providence; State: RI; Zip: 02909	City: Providence; State: RI; Zip: 02908
Secretary Name	**Treasurer Name**
Jean M. Lawrencean	Emmanuel Desvosiers
Street Address: 257 Hazel Dr	Street Address: 123 Roger Williams Ave
City: Cranston; State: RI; Zip: 02920	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 ☐

Director Name	Director Name
Jean Gerard Rhau	Harry Rhau
Street Address: 384 Union Ave	Street Address: 384 Union Ave
City: Cranston; State: RI; Zip: 02909	City: Providence; State: RI; Zip: 02909
Director Name	**Director Name**
Michelle Rhau	Emmanuel Desvos
Street Address: 384 Union Ave	Street Address: 123 R. Williams Ave
City: Cranston; State: RI; Zip: 02909	City: Providence; State: RI; Zip: 02907

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
Jean Rhau, Bishop/Pastor/Founder, CEO	04/25/2017
Signature of Officer/Authorized Representative	
Jean Rhau SIGN DOCUMENT HERE	04/25/2017

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

FORM 631 - Revised: 02/2017