



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

2017 JUN -2 PM 1:00
 R.I. 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.

1. Entity ID Number 28943	2. Exact name of the Corporation CHURCH OF GOD IN CHRIST JESUS ZPC		
3. State of Incorporation RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island RELIGIOUS		
4. NAICS Code 813110			

6. Principal Office Address 145 - SALINA STREET	City PROVIDENCE	State RI	Zip 02908
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name MORRIS GRIFFIN			Vice-President Name CHESTER L DEWITT Sr.		
Street Address 3450 JONES Mill ROAD			Street Address 145 - SALINA ST.		
City NORCROSS	State G.A.	Zip 30092	City PROVIDENCE	State R.I.	Zip 02908
Secretary Name TOMMY JONES			Treasurer Name S/A		
Street Address 114 SCENERY LANE			Street Address		
City JOHNSTON	State R.I.	Zip 02919	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name MORRIS GRIFFIN			Director Name CHESTER L DEWITT		
Street Address 3450 JONES Mill ROAD			Street Address 145 - SALINA ST.		
City NORCROSS	State G.A.	Zip 30092	City PROVIDENCE	State R.I.	Zip 02908
Director Name TOMMY JONES			Director Name		
Street Address S/A			Street Address		
City	State	Zip	City	State	Zip

9. 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 CHESTER L DEWITT Sr.	Date 6-2-17
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Signature of Officer/Authorized Representative <i>Chester L Dewitt Sr.</i>	FILED
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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

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 BY *[Signature]*
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