



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.

 R.I. DEPT. OF STATE
 BUS. SERVICES DIV.
 2017 JUN -6 AM 10:12

1. Entity ID Number 927147		2. Exact name of the Corporation New Beginning Worship Center Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious Activities			
4. NAICS Code 813110					
6. Principal Office Address 180 Baker St.			City Providence	State RI	Zip 02905
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lester K. Manly			Vice-President Name		
Street Address 37 Donelson St.			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name			Treasurer Name Bobby C. Lucas		
Street Address			Street Address 180 Baker St.		
City	State	Zip	City Providence	State RI	Zip 02905
8. 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 Lester K. Manly			Director Name Bobby C. Lucas		
Street Address 37 Donelson St			Street Address 180 Baker St		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02905
Director Name Gradia Henries Manly			Director Name		
Street Address 37 Donelson St			Street Address		
City Providence	State RI	Zip 02908	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.					
<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 Bobby C. Lucas				Date 06/06/2017	
Signature of Officer/Authorized Representative <i>Bobby C. Lucas</i>					

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

JUN 06 2017

BY *CU 305279*