



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

Annual Report for the year: **2017**

Non-Profit Corporation

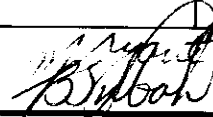
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

STAMP

FOR

1. Entity ID Number 136276		2. Exact name of the Corporation CENTER OF PRAISE CHURCH OF GOD			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO TRAIN PASTORS, EVANGELISTS, AND TEACHERS TO HANDLE THE TASK OF PREPARING MEN AND WOMEN FOR THE WORK OF THE KINGDOM OF GOD.			
4. NAICS Code 813110					
6. Principal Office Address 22 WINTER STREET, 3RD FL, P. O. BOX 5867			City PROVIDENCE	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MORRIS S. BRYANT			Vice-President Name NONE		
Street Address 84 A HILARITY STREET			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Secretary Name TRACY A. COOPER			Treasurer Name JAMES GBABA		
Street Address 124 WAVERLY STREET			Street Address 28 DIGUILIO DRIVE		
City PROVIDENCE	State RI	Zip 02907	City NORTH PROVIDENCE	State RI	Zip 02911
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 FELICIA WISSEH-BRYANT			Director Name CLARENCE COOPER		
Street Address 84 A HILARITY STREET			Street Address 124 WAVERLY STREET		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02907
Director Name BENDU J. COMEHN			Director Name JEMIMA K. BRYANT		
Street Address 1066 ROOSEVELT AVE.			Street Address 202 PAWTUCKET AVE, APT. 07		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02860
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative MORRIS S. BRYANT				Date 06/06/2017	
Signature of Officer/Authorized Representative 					
SIGN DOCUMENT HERE					

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

FILED

JUN 09 2017

BY

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FORM 631 - Revised: 05/2017