



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

Annual Report for the year: 2016
 Non-Profit Corporation

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2017 JUN 27 PM 2:20

- 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 792075	2. Exact name of the Corporation Faith and Deliverance Tabernacle of God
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Said organization is organized for charitable, religious and educational purposes.
4. NAICS Code	

6. Principal Office Address 315 Park Ave. # G-11	City Cranston	State RI	Zip 02905
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Patricia B. Smith		Vice-President Name Emma Lee Walker	
Street Address 315 Park Ave. # G-11		Street Address 315 Park Ave. # G-11	
City Cranston	State RI	City Cranston	State RI
Zip 02905		Zip 02905	
Secretary Name Nafi Grogbeh		Treasurer Name Bettie Sullivan	
Street Address 315 Park Ave. # G-11		Street Address 315 Park Ave. # G-11	
City Cranston	State RI	City Cranston	State RI
Zip 02905		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 Louise Ireland		Director Name Joan Holloway	
Street Address 315 Park Ave. # G-11		Street Address 315 Park Ave. # G-11	
City Cranston	State RI	City Cranston	State RI
Zip 02905		Zip 02905	
Director Name Jerry Mitchell		Director Name John Holloway	
Street Address 315 Park Ave. # G-11		Street Address 315 Park Ave. # G-11	
City Cranston	State RI	City Cranston	State RI
Zip 02905		Zip 02905	

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 Patricia B. Smith	Date 6.27.17
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Signature of Officer/Authorized Representative Patricia B. Smith	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

JUN 27 2017

BY CU 307023 FORM 631 - Revised: 05/2017