



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 20113		2. Exact name of the Corporation Deep Truth Full Gospel Revival Center, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Religious			
5. Principal office address PO Box 843 Annex Station			City Providence	State RI	Zip 02901
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Rev. Henry L. McRae			Vice-President Name Evang. Victoria McRae		
Street Address PO Box 843 Annex Station			Street Address PO Box 843 Annex Station		
City Providence	State RI	Zip 02901	City Providence	State RI	Zip 02901
Secretary Name Rev. Yabbeju Rapaka			Treasurer Name Evang. Victoria McRae		
Street Address PO Box 65295			Street Address PO Box 843 Annex Station		
City Virginia Beach	State VA	Zip 23467	City Providence	State RI	Zip 02901
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Rev. Henry L. McRae			Director Name Evang. Victoria McRae		
Street Address PO Box 843 Annex Station			Street Address PO Box 843 Annex Station		
City Providence,	State RI	Zip 02901	City Providence	State RI	Zip 02901
Director Name Rev. Yabbeju Rapaka			Director Name		
Street Address PO Box 65295			Street Address		
City Virginia Beach	State VA	Zip 023467	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED

JUN 28 2017

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.

File Date _____

Check No _____

By: _____

BY **1040**

Evang. Victoria McRae
 Signature of Officer or Authorized Representative

6-21-17
 Date

FOR SECRETARY OF STATE USE ONLY

Evang. Victoria McRae
 Print or Type Name of Officer or Authorized Representative