



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

Annual Report for the year:
Non-Profit Corporation

2017

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2017 JUL 28 PM 12:42

- 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 103787		2. Exact name of the Corporation SOLID ROCK FAITH HEALING CHRISTIAN CENTER	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island NON PROFIT: TO PROVIDE THE WORD OF GOD TO THE UNREACHED, CLOTHING, HOUSING CHRISTIAN VALUES EDUCATION	
4. NAICS Code 624190			
6. Principal Office Address 364 PRAIRIE AVENUE		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 RALPH L. FLOWERS		Vice-President Name YASSAH A. FLOWERS	
Street Address 364 PRAIRIE AVENUE		Street Address 364 PRAIRIE AVENUE	
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE
State RI	Zip 02905	State RI	Zip 02905
Secretary Name CHADENE BRACEWELL		Treasurer Name ROSELINE GODDRIDGE	
Street Address 364 PRAIRIE AVE		Street Address 364 PRAIRIE AVE.	
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE
State RI	Zip 02905	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 RENEIDER DUNCAN		Director Name ANGELINE KOLLIE	
Street Address 364 PRAIRIE AVENUE		Street Address 364 PRAIRIE AVENUE	
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE
State RI	Zip 02905	State RI	Zip 02905
Director Name ROSELINE GODDRIDGE		Director Name	
Street Address 364 PRAIRIE AVE.		Street Address	
City PROVIDENCE	State RI	Zip 02905	City
State RI	Zip 02905	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 ROSELINE T. GODDRIDGE			Date 7/28/17
Signature of Officer/Authorized Representative <i>[Signature]</i>			

FILED

JUL 28 2017

BY *[Signature]*

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FORM 631 - Revised: 06/2017