



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

Annual Report for the year:

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.

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SECRETARY OF STATE
CORPORATIONS DIV
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1. Entity ID Number 1666731		2. Exact name of the Corporation God's Purpose and Redeemed Ministries	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Feed the hungry, heal the sick, Feed the homeless, preach, teach the gospel of Jesus Christ. Counseling (Marriage & Sub.	
4. NAICS Code 813110			
6. Principal Office Address 820 Newport Ave		City Pawtucket	State RI Zip 02861
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rev. J Aloysius Davis		Vice-President Name Deborah Johnson	
Street Address 15 Julian Street		Street Address 15 Julian Street	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
Secretary Name Buster Melton		Treasurer Name Jennah K Yarmen	
Street Address 47 Grotto Ave Apt 1		Street Address 167 Sisson Street	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
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 Deborah Johnson		Director Name Jennah K. Yarmen	
Street Address 15 Julian Street		Street Address 167 Sisson Street	
City Providence	State RI	City Pawtucket	State RI
Zip 02909		Zip 02860	
Director Name Buster Aloysius Davis		Director Name	
Street Address 15 Julian Street		Street Address	
City Providence	State RI	City	State
Zip 02909		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 Rev. J Aloysius Davis		FILED	Date 5/7/18
Signature of Officer/Authorized Representative		MAY 07 2018	
SIGN DOCUMENT HERE			

BY 330069

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