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CORPORATIONS DIV.
2018 MAY 22 AM 9:31

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

Annual Report for the year: 2018
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.

1. Entity ID Number	2. Exact name of the Corporation
28943	CHURCH OF GOD IN CHRIST JESUS INC.
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: RELIGOUS
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
145-SALINA STREET	PROVIDENCE	RI	02908

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
MORRIS GRIFFIN	CHESTER L DEWITT SR.
Street Address: 3450 JONES MILL ROAD	Street Address: 145-SALINA STREET
City: NORCROSS; State: GA.; Zip: 30092	City: PROVIDENCE; State: RI.; Zip: 02908
Secretary Name: TOMMY JONES	Treasurer Name: S/A
Street Address: 114 SCENERY LANE	Street Address:
City: Johnston; State: RI.; Zip: 02919	City: ; State: ; Zip:

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
MORRIS GRIFFIN	CHESTER L DEWITT SR.
Street Address: 3450 JONES MILL ROAD	Street Address: 145-SALINA STREET.
City: NORCROSS; State: GA.; Zip: 30092	City: PROVIDENCE; State: RI.; Zip: 02908
Director Name: TOMMY JONES	Director Name:
Street Address: S/A	Street Address:
City: ; State: ; Zip:	City: ; 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	Date
CHESTER L DEWITT	5/22/18

Signature of Officer/Authorized Representative: Chester L DeWitt — SIGN DOCUMENT HERE

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MAY 22 2018

KLC 25538346

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

FORM 631 - Revised: 11/2017