



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

Annual Report for the year:

Non-Profit Corporation

~~2017~~ 2018

→ 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 <u>000026117</u>		2. Exact name of the Corporation <u>All Nation Church Of God In Christ</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>church, religious education</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>531 Fairmount St.</u>		City <u>Woonsocket</u>	State <u>RI</u>
		Zip <u>02895</u>	
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>ELD. EUGENE KINLOW</u>		Vice-President Name <u>Ben Washington</u>	
Street Address <u>4124 2nd St. SW</u>		Street Address <u>1782 Blackstone St</u>	
City <u>Washington</u>	State <u>DC</u>	City <u>Woonsocket</u>	State <u>RI</u>
Zip <u>20032</u>		Zip <u>02895</u>	
Secretary Name <u>DEWISE VANCE</u>		Treasurer Name <u>LAYERNE APPLICATE</u>	
Street Address <u>200 5TH AVENUE</u>		Street Address <u>70 EVERGREEN ST</u>	
City <u>Woonsocket</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02895</u>		Zip <u>02906</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>ELD. OTIS VANCE</u>		Director Name <u>DEA. JULIUS JACKSON</u>	
Street Address <u>12 Bridgway St. Unit #1</u>		Street Address <u>22 Charles</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Woonsocket</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02895</u>	
Director Name <u>CHARIA GAFFNEY</u>		Director Name <u>NANNIE LEE KINLOW</u>	
Street Address <u>15 Knight St.</u>		Street Address <u>4124 2nd St. SW</u>	
City <u>Woonsocket</u>	State <u>RI</u>	City <u>Washington</u>	State <u>DC</u>
Zip <u>02895</u>		Zip <u>20032</u>	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative <u>BEN WASHINGTON</u>			Date <u>06/12/18</u>
Signature of Officer/Authorized Representative <u>Bennie Washington</u>			

FILED

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 25 2018

BY 3503 DS FORM 631 - Revised: 11/2017