



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.

1. Entity ID Number 000026117		2. Exact name of the Corporation All Nation Church Of God In Christ	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island church, religious education	
4. NAICS Code 813110			
6. Principal Office Address 531 Fairmount St.		City Woonsocket	State RI
		Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ELB. EUGENE KINLOW		Vice President Name Ben Washington	
Street Address 4124 2nd St. SW		Street Address 1782 Blackstone St	
City Washington	State DC	City Woonsocket	State RI
Zip 20032		Zip 02895	
Secretary Name DEWISE VANCE		Treasurer Name LAYRNE APPLIGATE	
Street Address 200 5TH AVENUE		Street Address 70 EVERGREEN ST	
City Woonsocket	State RI	City Providence	State RI
Zip 02895		Zip 02906	
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 ELB. OTIS VANCE		Director Name DEA. JULIUS JACKSON	
Street Address 12 Bridgman St. Unit #1		Street Address 22 Charles	
City Providence	State RI	City Woonsocket	State RI
Zip 02904		Zip 02895	
Director Name CHARIA GAFFNEY		Director Name NANNIE LEE KINLOW	
Street Address 15 Knight St.		Street Address 4124 2nd St. SW	
City Woonsocket	State RI	City Washington	State DC
Zip 02895		Zip 20032	
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 BEN WASHINGTON			Date 06/12/18
Signature of Officer/Authorized Representative Bennie Washington			

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

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FORM 631 - Revised: 11/2017