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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

Annual Report for the year: Non-Profit Corporation

2818 JUN 29 AM 9: 58

→ Filing period: June 1 - June 30 → Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

			<u>-</u>
Entity ID Number Exact name of the Corporation			,
114380 Trumpet of	faith Penteco	stal C	hurch
State of Incorporation State of Incorpo			
Rhode Island Religious Az	tivities and	naesti	
4. NAICS Code	Tiviles wer	MEETIN) S.
813110			,
6 Principal Office Address	City	State	Zip
296 Chad Brown st. 1	Providence	RI	02907
7. List ALL officers (names and addresses)	Cher	ck the box to indicate	an attachment
President Name Begrice Mansfield	Vice-President Name Alexa	de o	Gaye
Street Address 16 Harvest St		igara s	
City Providence State EI Zip 02907	city Providence	State AI	Zip 02907
Secretary Name Oprich Page	Treasurer Name EMMa	W. Ste	wart
Street Address 35 Diamond St., Att	Street Address 46 Gray St,		
City Providence State RI Zip 02907	city Providence	State RI	Zip 02907
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.			
Director Name		k the box to indicate	an attachment
tatrick Miane	Director Name TOMA	Peters	
Street Address 125 Bowdoin St	Street Address 12 Coope	er st.	
City Providence State &I Zip 02907	City North Providere	State PI	Zip ·
Director Name Troken Kaibair	Director Name SUMOIWI		man
Street Address 84 Darkmouth St	Street Address 10 Morning St	· 	
City Particket State RI Zip 02860	city provide e	State 27	Zip 02907
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	
Oprah G. Page		6/28/	18
Signature of Officer/Authorized Representative 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 29 2018

Beatice Darley 60 Lindy Aue Providence, RT 02908 Alexander Douglas 426 west rue Apt 2 Pawfucket, 2I 02860