

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2818 JUN 29 AM 9: 58

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	2. Exact name of the Corporation			,
114380	Trumpet of	faith Penteco	stal C	hurch
3. State of Incorporation	5. Brief description of the chafacte	r of business conducted in Rhode Isl	and	·
Rhode Island	Religious Az	tivities and	noesti	Α.
4. NAICS Code	1101191000 110	Tiviles and	MEGICA	<b>JS</b> .
813110				
6 Principal Office Address		City	State	Zip
296 Chad Brown		Providence	RI	02907
7. List ALL officers (names and addresses)  Check the box to indicate an attachment				
President Name BCq+1c	e Mansfield	Vice-President Name Alexander or Gaye		
Street Address 16 Harvest St		street Address 285 Niagara St		
	State (I) 2ip 02907	city Providence	State KI	zip 02907
Secretary Name Oprch Page		Treasurer Name EMMa W. Stewart		
Street Address 35 Diamond St., Att.		Street Address 46 Gray St,		
City Providence	State R 1 Zip 02907	city Providence	State RI	Zip 02907
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment				
Director Name Patrick	Miane	Director Name TOMA	Peters	
Street Address 125 Bo		Street Address 12 Coop	er ct.	<u> </u>
City Providence	State &   Zip 02907	City North Provide ee	<del></del>	Zıp .
Director Name Trokon	Kaibair	Director Name SUMOIW	· ,	man
Street Address 84 Darla	mouth St	Street Address 10 Morning St		
City Pawticket	State £1 Zip 02860	City Providence	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 2 9 2018

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