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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 <b>524484</b>		2. Exact name of the Corporation <b>Victorious in Jesus Christ Ministries</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Proclaiming of God's word and Prayers</b>	
4. NAICS Code <b>624190</b>			
6. Principal Office Address <b>116 Elma Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02905</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Susanna Weaver</b>		Vice-President Name	
Street Address <b>116 Elma Street #1</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02905</b>		Zip	
Secretary Name <b>Mrs Adeline Bass</b>		Treasurer Name	
Street Address <b>278 main Street</b>		Street Address	
City <b>West Haven</b>	State <b>CT</b>	City	State
Zip <b>06516</b>		Zip	
8. List ALL directors (names and addresses) RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>ETIA Johnson</b>		Director Name <b>Theresa Pierce</b>	
Street Address <b>33 Claremont Street</b>		Street Address <b>116 Elma Street #2</b>	
City <b>Central Falls</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02863</b>		Zip <b>02905</b>	
Director Name <b>Bishop Morris Bryant</b>		Director Name <b>Mrs Adeline Bass</b>	
Street Address <b>100 Park Place #214</b>		Street Address <b>278 main Street</b>	
City <b>Pawtucket</b>	State <b>RI</b>	City <b>West Haven</b>	State <b>CT</b>
Zip <b>02860</b>		Zip <b>06516</b>	
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>			
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 <b>Susanna Weaver</b>		Date <b>7/9/18</b>	
Signature of Officer/Authorized Representative <b>Susanna Weaver</b>		<b>FILED</b>	