RI SOS Filing Number: 201990403310 Date: 4/15/2019 11:18:00 AM

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

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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: 74580	2. Exact name of the Corporation: Harvest Outreach Ministry
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Youth Church
4. NAICS Code: 813110	

6. Principal Office Address: 257 Lowell Avenue, City: Providence, State: RI, Zip: 02909

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: William C. Brown		Vice-President Name: Angel Corprew-Brown	
Street Address: 257 Lowell Avenue		Street Address: 257 Lowell Avenue	
City: Providence	State: RI, Zip: 02909	City: Providence	State: RI, Zip: 02909
Secretary Name: Talena Stone		Treasurer Name: Michael Zajac	
Street Address: 668 Prairie Avenue		Street Address: 19 Sheridan Drive	
City: Providence	State: RI, Zip: 02905	City: Shrewsbury	State: MA, Zip: 01545

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name: Vivian Godley-Pettis		Director Name: Kevin Pettis	
Street Address: 53 Laban Street		Street Address: 53 Laban Street	
City: Providence	State: RI, Zip: 02909	City: Providence	State: RI, Zip: 02909
Director Name: Michael Zajac		Director Name:	
Street Address: 19 Sheridan Drive		Street Address:	
City: Shrewsbury	State: MA, Zip: 01545	City:	State: , Zip:

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: Angel Corprew-brown — **FILED** — Date:

Signature of Officer/Authorized Representative: Angel Corprew-Brown — APR 15 2019

BY S9036 11:18

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised 11/2017