



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

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SECRETARY OF STATE
CORPORATIONS DIV.

Annual Report for the year:

2018

Non-Profit Corporation

2019 APR 15 AM 11:17

→ 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 <input type="checkbox"/>			
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 <input type="checkbox"/>			
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			Date
Signature of Officer/Authorized Representative Angel Corprew-Brown			FILED APR 15 2019 BY S9036 11:18

MAIL TO:
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