



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

Annual Report for the year: 2019
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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 JUN 28 PM 12:17

1. Entity ID Number 63770		2. Exact name of the Corporation Shiloh Gospel Temple, Inc	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Community and Religious Services	
4. NAICS Code 813110			
6. Principal Office Address 642 Laurel Hill Ave		City Cranston	State RI
		Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Eric Eugene Perry		Vice President Name Nancy Perry	
Street Address 642 Laurel Hill Ave		Street Address 642 Laurel Hill Ave	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Secretary Name Nancy Perry		Treasurer Name	
Street Address 642 Laurel Hill Ave		Street Address	
City Cranston	State RI	City	State
Zip 02920		Zip	
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 Eric Eugene Perry		Director Name Nancy Perry	
Street Address 642 Laurel Hill Ave		Street Address 642 Laurel Hill Ave	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Director Name Dawn Morris		Director Name Stephanie Gibson	
Street Address 108 Osborn St Apt 3		Street Address 20 Fir St Apt 1E	
City Providence	State RI	City New Bedford	State MA
Zip 02908		Zip 02740	
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 Rev. Eric Perry		Date 6/28/19	
Signature of Officer/Authorized Representative Rev. Eric Perry		FILED	
		SIGN DOCUMENT HERE	

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

BY **0606J91**

FORM 631 - Revised: 11/2017