RI SOS Filing Number: 202034886690 Date: 2/21/2020 11:13:00 AM

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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.

1. Entity ID Number	2. Exact name of the Corporation
160270	Lionel Brown Ministries
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: education and religious purposes for distributions to organizations which qualify as exempt under section 501(c)(3) of the IRS code
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
208 Roosevelt st	Providence	RI	02909

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

President Name	Vice-President Name
Lionel E Brown Jr	James McNamera
Street Address: 208 Roosevelt St	Street Address: 208 Roosevelt st
City: Providence State: RI Zip: 02909	City: Providence State: RI Zip: 02909
Secretary Name: Burnetta Bates	Treasurer Name: Diandra Williams
Street Address: 208 Roosevelt st	Street Address: 208 Roosevelt St
City: Providence State: RI Zip: 02909	City: Providence State: RI Zip: 02909

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

Director Name	Director Name
Troylynda Williams	Tyrelle Townsend
Street Address: 208 Roosevelt S	Street Address: 208 Roosevelt st
City: Providence State: RI Zip: 02909	City: Providence State: RI Zip: 02909
Director Name: Toby Rayford	Director Name: Carla Brown
Street Address: 208 Roosevelt St	Street Address: 208 Roosevelt St
City: Providence State: RI Zip: 02909	City: Providence State: RI Zip: 02909

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
Lionel E Brown Jr	2/21/20

Signature of Officer/Authorized Representative: Lionel E Brown Jr

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BY XJ563

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: 03/2019