RI SOS Filing Number: 202039225430 Date: 5/4/2020 3:07:00 PM

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| 2075 | |

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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| Annual | Report for | the year: | | | |
|------------------------|------------|-----------|--|--|--|
| Non-Profit Corporation | | | | | |

2017

RECEIVED

R.I. DEPT. OF STATE

BUS SVCS DIV



Filing period: June 1 - June 30

→ Fring Fee: \$20.00

→ Penalty. Additional \$25.00 fee if form is not filed by July 30.

2020 MAY -4 PM 3: 04

| | | | _ | | | | | |
|---|--|---|------------------------------------|-----------------------------|---------------------------------|--|--|--|
| 1. Entity ID Number | | | | | | | | |
| 6490.2 | Providence Assembly of God inc. | | | | | | | |
| 3. State of Incorporation | 5. Brief descr | 5. Brief description of the character of business conducted in Rhode Island | | | | | | |
| RI | Church: pr | Church: preaching/teaching the gospel of Jesus Christ. Also provides services for the | | | | | | |
| 4. NAICS Code | community: prayer, pastoral counseling, weddings, funerals, baptisms, soup kitchen | | | | | | | |
| 6. Principal Office Address | <u> </u> | | City | State | Zip | | | |
| 353 Elmwood Avenue, P.O.Box 2122 | | Providence | RI | 02907 | | | | |
| 7. List ALL officers (names and addresses) | | | | Check the box to indi | cate an attachment | | | |
| President Name Rev. Charles A Berkley jr | | | Vice-President Name | | | | | |
| Street Address 154 Forest Avenue | | | Street Address | | | | | |
| City Cranston | State RI | Zip 02910 | City | State | Zip | | | |
| Secretary Name Roslyn Souza Treasurer Name Marie La | | ture | | | | | | |
| Street Address 112 Westwood Avenue | | Street Address 60 Philmont Avenue | | | | | | |
| City Cranston | State RI | Zip 02910 | City Cranston | State RI | ^{Zp} 02910 | | | |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment | | | | | | | | |
| Director Name Crystal Swepson | | | Director Name Edmond Hinds | | | | | |
| Street Address 112 Wastwood Avenua | | Street Address 69 Payton Street | | | | | | |
| City Cranston | State RI | ^{2ip} 02905 | City Providence | State RI | ^{Z_ip} 02905 | | | |
| Oirector Name Marie Lauture | | | Director Name | | | | | |
| Street Address 60 Philmont Avenue | | Street Address | | | | | | |
| City Cranston | State RI | Zip 02910 | City | State | Zip | | | |
| Registered Agent in Rhode Islai | nd. This informati | ion is currently of reco | rd in the Department of State, Cha | inges require filing Form 6 | 41, | | | |
| Under penalty of perjury, I decia statements, and that all stateme | | | | accompanying sched | lules and | | | |
| This report must be signed by either the President, Vice-President, Secretary Assistant Secretary, Treasurer, duty Authorized Representative. Receiver or Trustee | | | | | | | | |
| Name of Officer/Authorized Representative Rev Charles A Berkley Jr | | | | Date 5/4/20 | | | | |
| Signature of Officer/Authorized Representative Sign DOCUMENT HERE MAY 0 4 2020 | | | | | | | | |
| mirit y a coco | | | | | | | | |

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 4W559 A/A: 3:07pm.

FORM 631 - Revised: 06/2019