



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

Annual Report for the year: **2016**

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.

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 BUS SVCS DIV

2020 MAY -4 PM 3:04

1. Entity ID Number 64902		2. Exact name of the Corporation Providence Assembly of God inc.;			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Church: preaching/teaching the gospel of Jesus Christ. Also provides services for the community: prayer, pastoral counseling, weddings, funerals, baptisms, soup kitchen			
4. NAICS Code 831110					
6. Principal Office Address 353 Elmwood Avenue, P.O.Box 2122			City Providence	State RI	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Lauture		
Street Address 112 Westwood Avenue			Street Address 60 Philmont Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
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 Crystal Swapson			Director Name Edmond Hinds		
Street Address 112 Westwood Avenue			Street Address 69 Payton Street		
City Cranston	State RI	Zip 02905	City Providence	State RI	Zip 02905
Director Name Marie Lauture			Director Name		
Street Address 60 Philmont Avenue			Street Address		
City Cranston	State RI	Zip 02910	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Rev Charles A Berkley Jr				Date 5/4/20	
Signature of Officer/Authorized Representative 			SIGN DOCUMENT HERE FILED		

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

MAY 04 2020
 BY **yws59**
A.A. 3:46 PM FORM 631 - Revised: 06/2019