



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. Corporate ID No.** 000123217

**2. Name of Corporation** Faith in Christ Community Outreach Center

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813110

**4. Corporate Address in Rhode Island**

No. and Street: 115 GOLDSMITH AVENUE, APT. 101

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 115 GOLDSMITH AVENUE APT. 101

City or Town: E PROVIDENCE State: RI Zip: 02914 Country: UNI

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

WORK IN THE COMMUNITY IT IS HOUSED IN. TO PRESENT PROGRAMS IN A  
CHRISTIAN BASED MANNER IN WHICH THIS CHURCH WILL BE ABLE TO BRING  
POSITIVENESS IN PEOPLE'S LIVES IN THE COMMUNITY IT IS HOUSED IN.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title**

**Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	REV CAROLYN R BROWN	115 GOLDSMITH AVENUE, #101 EAST PROVIDENCE, RI 02914 USA
TREASURER	CAROLYN BROWN REV.	GOLDSMITH AVENUE EAST PROVIDENCE, RI 02914 USA
SECRETARY	CAROLYN JOHNSON-HOPKINS MRS.	121 ALEPPO STREET PROVIDENCE, RI 02909 USA
DIRECTOR	HELEN SHERMAN	301 CRANSTON STREET APT 102 PROVIDENCE, RI 02907 USA
DIRECTOR	MARLENE HARDING MS	100 NORMANDY DR PAINESVILLE, OH 44077 USA
DIRECTOR	CAROLYN R BROWN REV	115 GOLDSMITH AVENUE APT. 101 E PROVIDENCE, RI 02914 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CAROLYN BROWN-SOARES 115 GOLDSMITH AVENUE, APT. 101 EAST PROVIDENCE , RI 02914

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 27 Day of May, 2020 at 3:58:01 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By CAROLYN R BROWN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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