



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.

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|--|---------------------|---|-----------------------|
| 1. Entity ID Number <u>1676593</u> | | 2. Exact name of the Corporation <u>P. R. B. Ministries INC</u> | |
| 3. State of Incorporation <u>Rhode Island</u> | | 5. Brief description of the character of business conducted in Rhode Island <u>Pastor-Teacher Christian Ministry, on-line ministry</u> <u>Non-denominational Bible Ministry. Wedding and</u> <u>Funeral Services offered also Bible Conferences.</u> | |
| 4. NAICS Code <u>813110</u> | | | |
| 6. Principal Office Address <u>264 Narragansett St.</u> | | City <u>Cranston</u> | State <u>RI</u> |
| | | Zip <u>02905</u> | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name <u>Richard R. Bettez</u> | | Vice-President Name | |
| Street Address <u>264 Narragansett St.</u> | | Street Address | |
| City <u>Cranston</u> | State <u>RI</u> | Zip <u>02905</u> | |
| Secretary Name | | Treasurer Name | |
| Street Address | | Street Address | |
| City | State | 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 <u>Sonia Bettez</u> | | Director Name <u>COLTON J. Bettez</u> | |
| Street Address <u>264 Narragansett St</u> | | Street Address <u>3 Valencia Cir.</u> | |
| City <u>Cranston</u> | State <u>RI</u> | Zip <u>02905</u> | |
| City <u>Safety Harbor</u> | State <u>Fla</u> | Zip <u>34695</u> | |
| Director Name <u>Richard R. Bettez</u> | | Director Name | |
| Street Address <u>264 Narragansett St</u> | | Street Address | |
| City <u>Cranston</u> | State <u>RI</u> | Zip <u>02905</u> | |
| 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 <u>Richard R. Bettez (Pastor)</u> | | | Date <u>6/4/20</u> |
| Signature of Officer/Authorized Representative <u>Pastor Richard R. Bettez</u> | | | |

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

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BY WADST FORM 631 - Revised: 06/2017