



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

- Filing period: June 1 - June 30
 → Filing Fee: \$20.00
 → Penalty: Additional \$25.00

List the corporation's ID number. The ID number can be found by looking up your entity in the Corporate Database.

List the name of the corporation. The entity name can be verified through the Corporate Database.

1. Entity ID Number 1065164		2. Exact name of the Corporation God's Purpose Church	
3. State of Incorporation RI		List the type of business the corporation is engaged in Combat Juvenile delinquency	
4. NAICS Code 813110		List the address of the main business office of the corporation. 18 Fenway Street	
6. Principal Office Address 18 Fenway Street		State RI	
7. List ALL officers (names and addresses)		List the names and addresses of the officers, if applicable. If you require additional space check the attachment box and be sure to include the entity ID number on the attachment.	
President Name Oneshai LaFountain		an attachment ☐	
Street Address 18 Fenway Street		Zilah Conserve	
City No. Prov	State RI	City North Prov	State RI
Zip 02911		Zip 02911	
Secretary Name Deja Conserve		Treasurer Name Sharea LaFountain	
Street Address 18 Fenway St		Street Address 22 Banker Ave	
City No. Prov	State RI	City North Prov	State RI
Zip 02911		Zip 02911	
8. List ALL directors (names and addresses)		Check the box to indicate an attachment ☐	
Director Name Deja Conserve		Director Name Sharea LaFountain	
Street Address 18 Fenway St		Street Address 22 Banker Ave	
City No. Prov	State RI	City No. Prov	State RI
Zip 02911		Zip 02911	
Director Name Zilah Conserve		Director Name	
Street Address 18 Fenway Street		This annual dated by President	
City No. Prov	State RI	The registered agent is of record in this office. If the registered agent has changed, see instructions for further information.	
Zip 02911		Zip	
9. Registered Agent in Rhode Island. This information		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 Oneshai LaFountain		Date 6/25/2020	
Signature of Officer/Authorized Representative Oneshai LaFountain		SIGN DOCUMENT HERE	

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

JUN 26 2020
 BY **CH X55AV**

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