



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 - Ju
 → Filing Fee: \$20.00
 → Penalty: Additional \$25.1

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.

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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
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1. Entity ID Number 1065164		2. Exact name of the Corporation God's Purpose church	
3. State of Incorporation RI		List the state or country under whose laws the corporation was incorporated.	
4. NAICS Code 813110		List the type of business the corporation is engaged in Relieving Governments Burdens	
6. Principal Office Address 18 Fenway Street		State RI Zip 02911	
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 Zila Conserve	
Street Address 18 Fenway Street		City North Providence State RI Zip 02911	
City NO. PROV State RI Zip 02911		City North Providence State RI Zip 02911	
Secretary Name Deja Conserve		Treasurer Name Sharea LaFountain	
Street Address 18 Fenway St.		City North Providence State RI Zip 02911	
City NO. PROV. RI		City North Providence State RI 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 Barker Ave	
City NO. PROV State RI Zip 02911		City NO. PROV State RI Zip 02911	
Director Name Zilah Conserve		Director Name	
Street Address 18 Fenway Street		City NO. PROV State RI Zip 02911	
City NO. PROV State RI Zip 02911		City NO. PROV State RI Zip 02911	
9. Registered Agent in Rhode Island. This information		This annual dated by The registered agent is of record in this office. If the registered agent has changed, see instructions for further information.	
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.		Changes require filing Form 641.	
Name of Officer/Authorized Representative Oneshai LaFountain		Date 6/25/2020	
Signature of Officer/Authorized Representative Oneshai LaFountain		BY CA XSSAV 8:52	