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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

Annual Report for the year: Non-Profit Corporation

2020

2020 JUN 26 PM 4: 02

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

| 1. Entity ID Number | la s | | | | | |
|---|--|----------------------|---|-----------------------|--------------|--|
| 103787 | SEXECTION OCK FAITH HEALING CHRISTIAN CENTER | | | | | |
| 3. State of Incorporation | 5 Brief description of the standard of the sta | | | | | |
| RHODE ISLAND | 5. Brief description of the character of business conducted in Rhode Island NON PROFIT: TO PRINTING THE PROPERTY OF THE PROPE | | | | | |
| 4. NAICS Code | NON PROFIT: TO PROVIDE THE WORD OF GOD TO THE UNREACHED CLOTHING HOUSE | | | | | |
| 624190 | EDUCATION CLOTHING, HOUSING, CHRISTIAN VALUES | | | | | |
| 6. Principal Office Address | | | | | | |
| | | | PROVIDENCE | State R.I. | zip 02905 | |
| 7. ListALL officers (names and add | resses) | | Char | t the hay to indicate | | |
| President Name RALIOH 1. FLOWERS Street Address 364 DR 010 F MILE AND STREET | | | Vice-President Name VASSAIJ A FLOVERS Street Address F2 (1 The control of the | | | |
| 30 I I WHIRIC HUGNUE | | | 504 HOUNG AUGILIC | | | |
| City PROUIDENCE | State RI | Zip 02905 | City-PROUIDENCE | State D | Zip 2005 | |
| CHADEN | E Boar | ~1d=11 | Treasurer Name ROSELINE | E 2000 | 02 700 | |
| | URIG A | EMUE | Street Address SCH Do A | OLE AL | DORE | |
| RISTALL director (see | State RT | Zip 07905 | City | State | CNUC | |
| 8. List ALL directors (names and ad | dresses). RI Com | porations MUST list | City PROUIDENCE | KT | 2102903 | |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment | | | | | | |
| Director Name RE. NELDER DUNCAN Street Address 3644 | | | Director Name ANGELINE KCLLIE Street Address | | | |
| SCH TRAIN | SIC YYC | NUE | 2/11 | RICAL | ENLIE | |
| City PROVIDENCE | State RT | 2ip 02905 | CHY PROUIDENCE | State OT | Zip~zan S | |
| KOSELINE GRADO INC | | | Director Name | | | |
| SHORT ADDRESS . 364 MEAIRIE AVENUE | | | Street Address | | | |
| PROVIDENCE | State PT | Zip 02905 | City | State | Zip | |
| | * * _3. | S Currently of moont | | | | |
| 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 perjuny, 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. | | | | | | |
| statements, and that all statements contained herein are true and correct. This report must be signed by either the President Vice Contained. | | | | | | |
| This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative Name of Officer/Authorized Representative | | | | | | |
| LKALPH FROMERS | | | | Date 6/26 | 120 | |
| Signature of Officer/Authorized Representative | | | | | | |
| FILED | | | | | | |
| MAIL TO: | • | | 11 IN 9 6 2020 | | | |

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov

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