



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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2020 JUN 26 PM 4:02

Annual Report for the year: 2020
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.

1. Entity ID Number 103787		2. Exact name of the Corporation SOLID ROCK FAITH HEALING CHRISTIAN CENTER	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island NON PROFIT: TO PROVIDE THE WORD OF GOD TO THE UNREACHED, CLOTHING, HOUSING, CHRISTIAN VALUES, EDUCATION	
4. NAICS Code 624190			
6. Principal Office Address 364 PRAIRIE AVENUE		City PROVIDENCE	State R.I.
		Zip 02905	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name RALPH L. FLOWERS		Vice-President Name YASSAN A. FLOWERS	
Street Address 364 PRAIRIE AVENUE		Street Address 364 PRAIRIE AVENUE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02905		Zip 02905	
Secretary Name CHADENE BRACEWELL		Treasurer Name ROSELINE GOODRIDGE	
Street Address 364 PRAIRIE AVENUE		Street Address 364 PRAIRIE AVENUE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02905		Zip 02905	
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 RENELDOR DUNCAN		Director Name ANGELINE KOLLIE	
Street Address 364 PRAIRIE AVENUE		Street Address 364 PRAIRIE AVENUE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02905		Zip 02905	
Director Name ROSELINE GOODRIDGE		Director Name	
Street Address 364 PRAIRIE AVENUE		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02905		Zip	
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.			
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 RALPH FLOWERS			Date 6/26/20
Signature of Officer/Authorized Representative <i>[Signature]</i>			

FILED ✓

JUN 26 2020

BY *Ch ZBQX8*

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