

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2020

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

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.

	To morning by	July 30.			}	
1. Entity ID Number	2. Exact name of the Corporation					
103787	SCLID ROCK FAITH HEALING CHRISTIAN CENTER					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhydrold Indianal					
RHODE ISLAND	NOW MORTT! TO KENVIDE THE WARN OF CONTENTION					
4. NAICS Code						
624190						
6. Principal Office Address						
6. Principal Office Address 364 PRAIRIE AVENUE			PROVIDENCE	State	Zip	
7. ListALL officers (names and addresses)					02905	
Property and Allert			Vice-President Name  VASSAMAAAAAAAASSAMAAAAAAAAAAAAAAAAAAAA			
President Name RALIOH L. FLOWERS  Street Address 364 PRAIRIE AVENUE			YASSA)	1 A. FLO	KIERS	
L SELLAMINE HARMENUE			SIGN SOLD OF A HEILUR			
City PROUIDENCE	State RI	Zip 02905	PROUIDENCE	State D	Zip 2015	
L CHADEN	E Boar	CHELL	Treasurer Name Das Color	- G-300	10290	
L 201 MRIRIE AVENUE			Treasurer Name ROSELINE GOODRIDGE  Street Address 364 PRAIRIE AVENUE			
CITY PROVIDENCE	State D	Zip azgne	CILV JOH TICK!	KIC AU	ENUE	
8. List ALL directors (names and ad	diesses) Ri Com	OC 193	CHYROUIDENCE	STRIE KT	ZIP02905	
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			Director Name ANGELINE KCLLIE			
Breet Address 364 PRAIRIE AVENUE			Street Address 364 TRAIRIE AUENUE			
City Portion	State O	7in =	364 TRA	IRIC AU	ENUE	
City PROVIDENCE Director Name D	RI	2702765	THEOUNDENCE	State QI	Zip 02905	
Director Name ROSELINE GOODRIDGE			Director Name		<u> </u>	
STEEL AUGUSTS . 364) MARIRIE AVENUE			Street Address			
"MOUIDENCE	State $RT$	Zip 02905	City	State	Zip	
<ol><li>Registered Agent in Rhode Island</li></ol>	d. This information i	s currently of record	in the Department of State, Changes to	auto Silon Silon Silon		
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						
Name of Officer/Authorized Representative					Pe.	
LKALPH FEOMERS				Date 6/26/20		
A HI TO THE SETTLE TIVE						
K HOLLY	FILED					
MAIL TO:			11 IN . 0. 0. 0000			

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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