



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year:

2020

Non-Profit Corporation

JUN 29 2020

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

BY

4156

1. Entity ID Number <u>000028222</u>		2. Exact name of the Corporation <u>THE NEW HBC WORSHIP CENTER</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>HOUSE OF WORSHIP, FOR THE PREACHING AND TEACHING OF THE GOSPEL OF JESUS CHRIST</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>229 NIAIRA AVE.</u>		City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>RICHARD C. SPENCER, SR.</u>		Vice-President Name <u>JAMES W. PALMER, JR.</u>	
Street Address <u>101 NIAGARA ST. APT. B</u>		Street Address <u>3 BOULEVARD</u>	
City <u>MIDDLETOWN</u>	State <u>RI</u>	City <u>MIDDLETOWN</u>	State <u>RI</u> Zip <u>02842</u>
Secretary Name <u>NONE</u>		Treasurer Name <u>AVA CROMWELL</u>	
Street Address		Street Address <u>22 ROSA TERR.</u>	
City	State	City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>
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 <u>RICHARD C. SPENCER, SR.</u>		Director Name <u>JAMES W. PALMER, JR.</u>	
Street Address <u>101 NIAGARA ST. APT. B</u>		Street Address <u>3 BOULEVARD</u>	
City <u>MIDDLETOWN</u>	State <u>RI</u>	City <u>MIDDLETOWN</u>	State <u>RI</u> Zip <u>02842</u>
Director Name <u>COATESSA J. SPENCER</u>		Director Name <u>AVA CROMWELL</u>	
Street Address <u>101 NIAGARA ST. APT. B</u>		Street Address <u>22 ROSA TERR.</u>	
City <u>MIDDLETOWN</u>	State <u>RI</u>	City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>
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 <u>RICHARD C. SPENCER, SR.</u>			Date <u>JUNE 26, 2020</u>
Signature of Officer/Authorized Representative <u>[Signature]</u> ON DOCUMENT HERE			

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov