RI SOS Filing Number: 202044036740 Date: 6/29/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

2020

FILED

JUN 2 9 2020 5V 133 ...

Annual Report for the year: **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	2. Exact name of the Corporation				
46923	PAUL LAWRENCE MINISTRIES				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	RELIGIOUS				
4. NAICS Code	i				
813110 - Religious Organ ▼					
6. Principal Office Address	Office Address			State	Zip
178 GRAY ST			PROVIDENCE	RI	02909
7. List ALL officers (names and addresses)  Check the box to indicate an attachment					
President Name REV.DR.PAUL LAWRENCE			Vice-President Name MR.STEVEN MARTINS		
Street Address 178 GRAY ST			Street Address 10 SUMMER DR,		
City PROVIDENCE	State RI	<sup>Zip</sup> 02909	City SEEKONK	State MA	<sup>Zip</sup> 02771
Secretary Name MRS. JANET LAWRENCE			Treasurer Name REV.DR.PAUL LAWRENCE		
Street Address 178 GRAY ST			Street Address 178 GRAY ST		
City PROVIDENCE	State RI	<sup>Zip</sup> 02909	City PROVIDENCE	State RI	<sup>Zip</sup> <b>02909</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Director Name REV. DR.PAUL LAWRENCE			Director Name MR. STEVEN MARTINS		
Street Address 178 GRAY ST			Street Address 10 SUMMER DR		
City PROVIDENCE	State RI	<sup>Zip</sup> <b>02909</b>	City SEEKONK	State MA	<sup>Zip</sup> 02771
Director Name MRS.JANET LAWRENCE			Director Name NONE		
Street Address 178 GRAY ST.			Street Address		
City PROVIDENCE	State RI	<sup>Zip</sup> 02909	City	State	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, Treesurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	]
Janet Lawrenco - 61					2020
Signature of Officer/Authorized Representative  Auch Representative					
L. Juvica Positive					

MAIL TO:

**Division of Business Services** 

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

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