



Department of State - Business Services Division

FILED

JUN 29 2020

3212

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. Ent ty ID Number 000136276		2. Exact name of the Corporation CENTER OF PRAISE CHURCH OF GOD			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO TRAIN PASTORS, EVANGELISTS, AND TEACHERS TO HANDLE THE TASK OF PREPARING MEN AND WOMEN FOR THE WORK OF THE KINGDOM OF GOD.			
4 NAICS Code 813110 - Religious Organ					
6. Principal Office Address 1525 SMITH STREET, STE. 9		City NORTH-PROVIDENCE	State RI	Zip 02911-2959	
7 List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name MORRIS S. BRYANT		Vice-President Name NONE			
Street Address 59 RANKIN AVE.		Street Address			
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
Secretary Name TRACY A. COOPER		Treasurer Name MELISSA FERNANDES			
Street Address 12 WARDLAW CT.		Street Address 72 LORRAINE STREET			
City PROVIDENCE	State RI	Zip 02908	City PAWTUCKET	State RI	Zip 02860
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 BENDU J. COMEHN		Director Name FELICIA WISSEH-BRYANT			
Street Address 1066 ROOSEVELT AVE.		Street Address 59 RANKIN AVE.			
City PAWTUCKET	State RI	Zip 02861	City PROVIDENCE	State RI	Zip 02908
Director Name JEMIMA K. BRYANT		Director Name CLARENCE COOPER			
Street Address 202 PAWTUCKET AVE, APT. 07		Street Address 12 WARDLAW CT.			
City PAWTUCKET	State RI	Zip 02860	City PROVIDENCE	State RI	Zip 02908
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.					
<i>This report must be signed by either: the President, Vice-President, Secretary Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative BISHOP MORRIS S. BRYANT				Date 06/20/2020	
Signature of Officer/Authorized Representative 					