



RI SOS Filing Number: 202043987610 Date: 7/1/2020 12:43:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**

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.

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1. Entity ID Number 87509		2. Exact name of the Corporation New Covenant Worship Center Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Ministries, Church & Services			
4. NAICS Code 813110 - Religious Organ					
6. Principal Office Address P.O. Box 23223		City Providence		State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bishop/Dr Joseph Quainoo			Vice-President Name Joseph Timothy Quainoo		
Street Address 442 Sylvan Ct			Street Address P.O. Box 23223		
City Saunderstown	State RI	Zip 02874	City Providence	State RI	Zip 02903
Secretary Name Dr. Vanessa Quainoo			Treasurer Name Evangeline Hankinson		
Street Address 442 Sylvan Ct			Street Address 56 N. Spruce St		
City Saunderstown	State RI	Zip 02874	City E. Providence	State RI	Zip 02914
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 Dr. Joseph Quainoo			Director Name J. Timothy Quainoo		
Street Address 442 Sylvan Ct			Street Address P.O. Box 23223		
City Saunderstown	State RI	Zip 02874	City Providence	State RI	Zip 02903
Director Name Dr. Vanessa Quainoo			Director Name Evangeline Hankinson		
Street Address 442 Sylvan Ct			Street Address 56 N. Spruce St		
City Saunderstown	State RI	Zip 02874	City E. Providence	State RI	Zip 02914
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 Bishop / Dr Joseph Quainoo				Date June 29, 2020	
Signature of Officer/Authorized Representative <i>Joseph Quainoo</i> SIGN DOCUMENT HERE FILED					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

JUL 01 2020

BY *Ch CWB*

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FORM 631 - Revised: 06/2019