



State of Rhode Island

## Department of State - Business Services Division

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.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

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1. Entity ID Number 000027245		2. Exact name of the Corporation First Jurisdiction of RI Church of God in Christ, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious worship, Christian Education, Evangelist Outreach, and Fundraising			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address 14 Harding Street		City Pawtucket		State RI	Zip 02861
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Bishop Harvey L Lewis, Sr.			Vice-President Name		
Street Address 6607 2nd Street NW			Street Address		
City Washington	State DC	Zip 20012	City	State	Zip
Secretary Name Reverend Eugene Kinlow			Treasurer Name		
Street Address 4124 end St SW			Street Address		
City Washington	State DC	Zip 20022	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Reverend Michael A Brown			Director Name Mary D. Witcher		
Street Address 14 Harding Street			Street Address 45 Dellwood Rd.		
City Pawtucket	State RI	Zip 02861	City Cranston	State RI	Zip 02920
Director Name Reverend Eugene Kinlow			Director Name Jacquelyn Wynn		
Street Address 4124 2nd Street SW			Street Address 3613 Scruggs Pl.		
City Washington	State DC	Zip 20022	City Springdale	State MD	Zip 20774
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Reverend Eugene Kinlow				Date 10/13/2020	
Signature of Officer/Authorized Representative <i>Reverend Michael A Brown</i> <b>FILED</b>					

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