



RI SOS Filing Number: 202193737390 Date: 3/8/2021 4:00:00 PM

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

1. Entity ID Number 000797638		2. Exact name of the Corporation The River Church		
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious worship and education, including Bible Schools, Missions outreach both globally and locally. Christian Children ministry		
4. NAICS Code 813110 - Religious Organization ☐				
6. Principal Office Address Box 19913		City Johnston	State RI	Zip 02919
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐				
President Name Herbert Johnson		Vice-President Name		
Street Address 400 South County Trail		Street Address		
City North Kingstown	State RI	Zip 02852	City	State Zip
Secretary Name Kayon Murray		Treasurer Name Tommy Jones		
Street Address 400 South County Trail		Street Address 37 Rosner Ave		
City North Kingstown	State RI	Zip 02852	City North Providence	State RI Zip 02904
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐				
Director Name Chester Dewitt		Director Name Herbert Johnson		
Street Address 145 Salina Street,		Street Address 400 South County Trail		
City Providence	State RI	Zip 02908	City North Kingstown	State RI Zip 02852
Director Name Tarshire Battle		Director Name		
Street Address 209 Central Ave		Street Address		
City Pawtucket	State RI	Zip 02860	City	State Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Herbert Johnson			Date 03/08/2021	
Signature of Officer/Authorized Representative 				

FILED

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MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov