



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. Corporate ID No.** 001692442

**2. Name of Corporation** Bethel African Methodist Episcopal Church Providence RI

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Principal Office Address**

No. and Street: 30 RO ROCHAMBEAU  
City or Town: PROVIDENCE State: RI Zip: 02905 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:  
City or Town: State: Zip: Country:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

BETHEL A.M.E. CHURCH, LOCATED AT 30 ROCHAMBEAU AVENUE, PROVIDENCE RHODE ISLAND 02906, HAS OUTGROWN ITS SEATING AND MINISTRY OUTREACH CAPACITY. RENOVATION AND/OR EXPANSION IN CURRENT LOCATION PRESENTS TOO MANY CHALLENGES TO MAKE IT VIABLE FOR GROWTH. THE SPECIFIC PURPOSE FOR INCORPORATION IS TO ESTABLISH COMMUNITY ENGAGEMENT PROGRAMS AND PARTNERSHIPS AS A PATHWAY TO HELP THOSE IN THE COMMUNITY TO FOR PERSONAL DEVELOPMENT EDUCATIONALLY, SOCIALLY AND ECONOMICALLY AS

**WELL AS PROVIDE OUTREACH PROGRAMS TO ENHANCE THE COMMUNITY.**

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
INCORPORATOR	HOWARD MELIVIN JENKINS JR	28 QUAIL RIDGE LN WARWICK, RI 02886 USA
DIRECTOR	PAUL ALEXANDER WILLIAMS	67 WHIPPLE AVE. CRANSTON, RI 02920 US
DIRECTOR	EVA PATRICIA SIMMONS	303 GREENWICH AVE., BLDG.-A318 WARWICK, RI 02886 US
DIRECTOR	JALLAH OSAKWE LEONARD	30 OAKLAWN AVE. #114 CRANSTON, RI 02920 US
DIRECTOR	LOUANN BRADLEY	55 CLIFFDALE AVE CRANSTON, RI 02905 US
DIRECTOR	HOWARD MELVIN JENKINS JR	28 QUAIL RIDGE LANE WARWICK, RI 02886 US
DIRECTOR	BRITTANY SHIRL WILSON	32 FARRAR ST. CRANSTON, RI 02920 US

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

HOWARD M JENKINS JR. 30 ROCHAMBEAU AVE. PROVIDENCE , RI 02906

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 26 Day of March, 2021 at 2:44:27 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By LOUANN BRADLEY  
Signature of Authorized Person

Form No. 631  
Revised 09/07