



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
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 000790121		2. Exact name of the Corporation Church of the Living God Mission "out Reach Ministry"	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To teach and preach the word of God Bible to ministered to help with spiritual needs here and a broad	
4. NAICS Code 813110			
6. Principal Office Address 20 Westfield Street		City PROVIDENCE	State RI
		Zip 02907	
7. List ALL officers (names and addresses) ☐ Check the box to indicate an attachment			
President Name EROLD J BAPTISTE		Vice-President Name MARIE T. J BAPTISTE	
Street Address #9 SABRA ST.		Street Address #9 SABRA ST Cranston	
City Cranston	State RI	City Cranston	State RI
Zip 02910		Zip 02910	
Secretary Name Ann Marie Romain		Treasurer Name Ann Marie Romain	
Street Address 255 WARD STREET		Street Address 255 WARD STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02907		Zip 02907	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. ☐ Check the box to indicate an attachment			
Director Name EROLD J BAPTISTE		Director Name Ann Marie Romain	
Street Address #9 SABRA Street		Street Address 255 WARD street	
City Cranston	State RI	City PROVIDENCE	State RI
Zip 02910		Zip 02907	
Director Name MARIE T. J Baptiste		Director Name	
Street Address #9 SABRA ST		Street Address	
City Cranston	State RI	City	State
Zip 02910		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 EROLD J. Baptiste		Date JUNE-7/2021	
Signature of Officer/Authorized Representative <i>[Signature]</i>			

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FORM 631 - Revised: 08/2020

MAIL TO:

Division of Business Services

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