



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2021  
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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BUS SVCS DIV

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1. Entity ID Number <b>28943</b>		2. Exact name of the Corporation <b>CHURCH OF GOD IN CHRIST JESUS INC.</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code <b>813110</b>		<b>RELIGIOUS</b>	
6. Principal Office Address <b>145-SALINA STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02908</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>			
President Name <b>MORRIS GRIFFIN</b>		Vice-President Name <b>CHESTER L DEWITT Sr.</b>	
Street Address <b>4137 GRANITE FALLS LANE</b>		Street Address <b>145-SALINA STREET.</b>	
City <b>LOGANVILLE</b>	State <b>G.A.</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>30052</b>		Zip <b>02908</b>	
Secretary Name <b>TOMMY JONES</b>		Treasurer Name	
Street Address <b>37-ROSNER ST.</b>		Street Address	
City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	City	State
Zip <b>02904</b>		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>MORRIS GRIFFIN</b>		Director Name <b>CHESTER L DEWITT Sr.</b>	
Street Address <b>4137 GRANITE FALLS LANE</b>		Street Address <b>145-SALINA STREET.</b>	
City <b>LOGANVILLE</b>	State <b>G.A.</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>30052</b>		Zip <b>02908</b>	
Director Name <b>TOMMY JONES</b>		Director Name	
Street Address <b>37-ROSNER STREET.</b>		Street Address	
City	State	City	State
Zip <b>02904</b>		Zip <b>02904</b>	
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>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <b>CHESTER L DEWITT Sr.</b>			Date <b>6-15-21</b>
Signature of Officer/Authorized Representative <b>CHESTER L DEWITT Sr.</b>			

FILED

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

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