



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2021

- 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

2021 JUN 16 P 2:31

1. Entity ID Number 10915		2. Exact name of the Corporation Ministers Alliance of Rhode Island			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious			
4. NAICS Code 813920					
6. Principal Office Address 134 Bridgham Street			City Providence	State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rev. Howard Jenkins			Vice-President Name Rev. George S. Farley Sr.		
Street Address 28 Quail Ridge Lane			Street Address 16 Gansett Ave.		
City Warwick	State RI	Zip 02886	City Cranston	State RI	Zip 02920
Secretary Name Rev. Dr. Justin Lester			Treasurer Name Rev. Matthew Kai		
Street Address 535 Roosevelt Ave. Apt 303			Street Address 134 Clay Street		
City Central Falls	State RI	Zip 02863	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rev. Viola P. Morris Buchanan			Director Name Mr. Sandra V. Miller		
Street Address 163 Bellevue Ave.			Street Address 25 Pomona Ave.		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02908
Director Name Rev. Olga Smalls			Director Name Rev. Laurie Smalls		
Street Address 64 Pembroke Ave.			Street Address 64 Pembroke Ave.		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
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.					
<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 Rev. George Farley Sr.					Date 6/16/21
Signature of Officer/Authorized Representative 					

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

JUN 16 2021
BY **AMCM3JB**
FORM 631 - Revised: 08/2020