RI SOS Filing Number: 202198851370 Date: 6/29/2021 4:00:00 PM

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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1. Entity ID Number	2. Exact name of the Corporation
1702148	Greater Providence Church of God of Prophecy
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Religious
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
73 Union Ave	Providence	RI	02909

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Wervin Hardy	
Street Address: 15 Eilein Ave	Street Address:
City: Cranston State: RI Zip: 02920	City: State: Zip:
Secretary Name: Norma Hardy	Treasurer Name: Angella Morrison
Street Address: 15 Eilein Ave	Street Address: 55 Somerset St.
City: Cranston State: RI Zip: 02920	City: Providence State: RI 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	Director Name
Wervin & Norma Hardy	Angella Morrison
Street Address: 15 Eilein Ave.	Street Address: 55 Somerset St.
City: Cranston State: RI Zip: 02920	City: Providence State: RI Zip: 02907
Director Name: Doreen Walters	Director Name: Francine Patterson
Street Address: 79 Pawtuxet Terrace	Street Address: 93 Abbott St.
City: W. Warwick State: RI Zip: 02893	City: Providence State: RI Zip: 02906

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	Date
WERVIN HARDY	6-29-21

Signature of Officer/Authorized Representative

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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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FORM 631 - Revised: 08/2020