



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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2021 JUN 30 P 2:18

1. Entity ID Number <u>96920</u>		2. Exact name of the Corporation <u>Smith st church of God of Prophecy</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>A church. And Religious organization where christians meet to Praise the lord.</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address. <u>530 Smith St</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02908</u>
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <u>Ruben D. Baez</u>		Vice-President Name <u>Martin D'Castro</u>	
Street Address <u>162 Petleys Ave 2FL</u>		Street Address <u>6 Howard St</u>	
City <u>Providence</u>	State <u>RI</u> Zip <u>02909</u>	City <u>Blackstone</u>	State <u>MA</u> Zip <u>01504</u>
Secretary Name <u>ANA Baez</u>		Treasurer Name <u>Luz REYES</u>	
Street Address <u>141 Dover St</u>		Street Address <u>89 Andem St 2FL</u>	
City <u>Providence</u>	State <u>RI</u> Zip <u>02908</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02909</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name <u>Ruben D. Baez</u>		Director Name <u>Luz Reyes</u>	
Street Address <u>162 Petleys Ave</u>		Street Address <u>89 Andem St</u>	
City <u>Providence</u>	State <u>RI</u> Zip <u>02908</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02908</u>
Director Name <u>ANA Baez</u>		Director Name <u>Martin D'Castro</u>	
Street Address <u>141 Dover St</u>		Street Address <u>6 Howard St</u>	
City <u>Providence</u>	State <u>RI</u> Zip <u>02908</u>	City <u>Blackstone</u>	State <u>RI</u> Zip <u>02908</u>
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.			Date
Name of Officer/Authorized Representative <u>Luz REYES</u>			
Signature of Officer/Authorized Representative <u>[Signature]</u>			

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

FILED
JUN 30 2021
BY ANJQ8RO
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FORM 631 - Revised: 08/2020