



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

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

1. Entity ID Number 000797638		2. Exact name of the Corporation The River Church		2021 JUL - 2 A 11:04	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious worship and education, including Bible Schools, Missions outreach both globally and locally. Christian Children ministry			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address Box 19913		City Johnston	State RI	Zip 02919	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Herbert Johnson		Vice-President Name			
Street Address 400 South County Trail		Street Address			
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Kayon Murray (Acting)		Treasurer Name Tommy Jones			
Street Address 400 South County Trail		Street Address 37 Rosner Ave			
City North Kingstown	State RI	Zip 02852	City North Providence	State RI	Zip 02904
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 Chester Dewitt		Director Name Herbert Johnson			
Street Address 145 Salina Street.		Street Address 400 South County Trail			
City Providence	State RI	Zip 02908	City North Kingstown	State RI	Zip 02852
Director Name Tarshire Battle		Director Name			
Street Address 209 Central Ave		Street Address			
City Pawtucket	State RI	Zip 02860	City	State	Zip
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>					
<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 Herbert Johnson				Date 06/20/2021	
Signature of Officer/Authorized Representative 					

FILED  
JUL 02 2021  
BY RSW/H4  
11:04