



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			
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) Check the box to indicate an attachment <input type="checkbox"/>					
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. Check the box to indicate an attachment <input type="checkbox"/>					
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					
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 Herbert Johnson					Date 06/20/2021
Signature of Officer/Authorized Representative 					

FILED
JUL 02 2021
BY RSW/H4
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