



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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BUS SVCS DIV

2021 JUL 14 P 2:07

1. Entity ID Number 568556		2. Exact name of the Corporation TRIUMPH GENERATION MINISTRY	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO PREACH, TEACH THE WORD OF GOD TO ALL NATIONS.	
4. NAICS Code 813110			
6. Principal Office Address 95 HATHAWAY STREET		City CRANSTON	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name PASTOR. ANTHONY TEAGE		Vice-President Name	
Street Address 99 MELROSE STREET		Street Address	
City PROVIDENCE	State RI	Zip 02907	
Secretary Name GERALD M. BRIGGS		Treasurer Name ROSE STOKES BAVER	
Street Address 61 SUTTON STREET		Street Address 67 RUTHERGLEN AVE	
City PROVIDENCE	State RI	Zip 02903	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 <input type="checkbox"/>			
Director Name RACHEL BEATON CARGO		Director Name CECELIA F. KELLER	
Street Address 173 LOWELL AVE		Street Address 699 HARRIS AVE	
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE
			State RI
			Zip 02909
Director Name DORIS GATE		Director Name	
Street Address 3 WOODFALL STREET		Street Address	
City PROVIDENCE	State RI	Zip 02909	
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 ANTHONY S. TEAGE			Date
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>			

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

FILED
JUL 14 2021
BY *[Signature]* HPSMV