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
524484	Victorious in Jesus Christ Ministries
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Proclaiming of God's word and prayers
4. NAICS Code: 624190	

6. Principal Office Address	City	State	Zip
16 Elma Street	Providence	RI	02905

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

President Name: Rev. Susanna Weaver			Vice-President Name		
Street Address: 16 Elma Street #1			Street Address		
City: Providence	State: RI	Zip: 02905	City	State	Zip
Secretary Name: Mrs Adeline Bass			Treasurer Name		
Street Address: 278 main Street			Street Address		
City: West Haven	State: CT	Zip: 06516	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: ETTA Johnson			Director Name: Theresa Pierce		
Street Address: 33 Claremon Street			Street Address: 16 Elma Street #2		
City: Central Falls	State: RI	Zip: 02863	City: Providence	State: RI	Zip: 02905
Director Name: Bishop Morris Bryant			Director Name: Mrs Adeline Bass		
Street Address: 100 Park Place #214			Street Address: 278 main Street		
City: Pawtucket	State: RI	Zip: 02860	City: West Haven	State: CT	Zip: 06516

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
Susanna	8/4/21

Signature of Officer/Authorized Representative: Susanna Weaver

FILED
AUG 04 2021
BY CM SDSV
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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

FORM 631 - Revised: 08/2020