



State of Rhode Island  
**Department of State - Business Services Division**

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2021 SEP 21 AM 11:14

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.

1. Entity ID Number 113278	2. Exact name of the Corporation Divine Harvest Hope Church of God in Christ		
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Religious Worship, Christian Education, Community Church		
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>			

6. Principal Office Address 14 Harding Street	City Pawtucket	State RI	Zip 02861
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7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Reverend Michael A. Brown			Vice-President Name Reverend Mark A. Thomas		
Street Address 14 Harding Street			Street Address 214 Roosevelt Avenue #404		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02862
Secretary Name Kesha N. Brown			Treasurer Name Audrey Wiggington		
Street Address 51 Norfolk Ave			Street Address 167 Walnut Street		
City Pawtucket	State RI	Zip 02861	City East Providence	State RI	Zip 02914

8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ruth A. Thomas			Director Name Frances H. Brown		
Street Address 4722 SO. 177th E. Place			Street Address 14 Harding Street		
City Tulsa	State OK	Zip 74134	City Pawtucket	State RI	Zip 02861
Director Name Raymond N. Brown			Director Name Minister Carroll M. Evans		
Street Address 7030 N. Presidio Drive Apt. G			Street Address 557 Veazie Street Apt. 415		
City Milwaukee	State WI	Zip 53223	City Providence	State RI	Zip 02907

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 Reverend Michael A. Brown	Date 9/15/2021
Signature of Officer/Authorized Representative Reverend Michael A. Brown	

(401) 222-0697  
 FILED

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

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