RI SOS Filing Number: 202102796700 Date: 10/6/2021 4:00:00 PM

State of Rhode Island

## **Department of State - Business Services Division**

## Annual Report for the year: Non-Profit Corporation

000044239

R.I. DEFT. IF STATE BUS SV. 18 DIV

2021 OCT -6 PM 3: 39

→ Filing period. June 1 - June 30 <

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30

	To the day duly 30.		_	
1. Entity ID Number	2. Exact name of the Corporation	n		
000 44239	Watch and F	Pray Christian	Churc	h. Taco
3. State of Incorporation	<ol><li>Brief description of the charac</li></ol>	ter of business conducted in Rhode Is	land	7
RI	Preaching and.	teaching Bible	tor, the	
4. NAICS Code 813110	7		ii ali k	•
6. Principal Office Address	<u> </u>	City	State	Zip
73 Hudson	Street	Providence	RI	02909
7. List ALL officers (names and add	lresses)		ck the box to indicat	te an attachment
President Name Lessie L.	Oudley	Vice-President Name		<del></del> -
	Street	Street Address		
City PROVIDENCE	State RI Zip 02909	City	State	Zip
Secretary Name		Mrg. Evelua E	Hard	·
Street Address		Street Address (F.3 Dover Street		
City	State Zip	city Providence	State RI	Zip 02908
8. List ALL directors (names and addresses). Rt Corporations MUST list at least THREE directors.  Check the box to indicate an attachment				
Director Name Brian A	Hardy Sr.	Director Name James Sc	^ /	Sr
Street Address 153 Dove	er Street	Street Address Pawtiech		enue
City Providence	State RT Zip 02908	City	State RL	Zip 02915
Director Name Mrs. Philly		Director Name		
Street Address	r Roenue	Street Address		
city Providence	State RI Zip 0290	eity	State	Zip
9. The Registered Agent information		t of State is accurate. Changes require	filing Form 641.	<u></u>
Under penalty of perjury, I declar statements, and that all statemen	e and affirm that I have examine its contained herein are true and	ed this report, including any accomp d correct.	panying schedul	es and
		Secretary, Treasurer, duly Authorized Representat	ive, Receiver or Truste	<u></u>
Name of Officer/Authorized Repres	entative		Date	/
Jesued Mu	aley/	<u> </u>	10/06	/21
Signature of Officer/Authorized Rep.	resentative	FILED	1	·
MAIL TO:		OCT 0 6 2021	<u>.</u>	

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY Ca C476R 3:39

FORM 631 - Revised: 08/2020