



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 001698674

2. Name of Corporation GETHSEMANE PRAYER MINISTRY

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 73 SUNBURY STREET
City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO STRENGTHEN WOMEN AND MEN IN THE FAITH AND KNOWLEDGE OF GOD THROUGH PREACHING, TEACHING, MISSIONS WORK, RELIEF TO THE POOR, AND SAVING THE LOST THROUGH EVANGELIZING.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
INCORPORATOR	ANNIE S. JOHNSON	10/10/2009

		PROVIDENCE, RI 02903 USA
DIRECTOR	JONES JOHNSON	388 PINE STREET PROVIDENCE, RI 02903 USA
DIRECTOR	EDITTH LAMADINE	211 HANOVER ST APT 2 PROVIDENCE, RI 02907 USA
DIRECTOR	JOSEPH M MOORE	9 SHERMAN AVE PROVIDENCE, RI 02920 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ANNIE S. JOHNSON 105 COMSTOCK AVE APT 1 PROVIDENCE , RI 02907

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 14 Day of October, 2021 at 11:46:45 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JONES JOHNSON
Signature of Authorized Person

Form No. 631
Revised 09/07

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