



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

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

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1. Entity ID Number 001711188		2. Exact name of the Corporation DIVINE WORSHIP Center	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non denominational organization	
4. NAICS Code 831110			
6. Principal Office Address: 339 EAST AVE		City PAWtucket	State RI
		Zip 02800	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DEWIN NIMENE		Vice-President Name KONDER NIMENE	
Street Address 339 East ave		Street Address 170 ADMIRAL ST	
City PAWtucket	State RI	City PROVIDENCE	State RI
Zip 02800		Zip 02809	
Secretary Name Henry Doe		Treasurer Name Emmanuel Johnson	
Street Address 39 WATTIE ROAD		Street Address 42 CUTTER ST	
City PAWtucket	State RI	City WORCESTER	State MASS
Zip 02800		Zip 01604	
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 KONDER NIMENE		Director Name CHRISTOPHER WELCH	
Street Address 170 ADMIRAL ST		Street Address 150 CLARK AVE	
City PROVIDENCE	State RI	City CRANSTON	State RI
Zip 02809		Zip 02906	
Director Name Henry Doe		Director Name EMMANUEL JOHNSON	
Street Address 39 WATTIE ROAD		Street Address 42 CUTTER ST	
City PAWtucket	State RI	City WORCESTER	State MASS
Zip 02800		Zip 01604	
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 Dewin Nimene			Date 12/22/21
Signature of Officer/Authorized Representative <i>[Signature]</i>			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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BY **RF4ES**

A.A. 10:57 A.M.