



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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 R.I. DEPT. OF STATE
 BUS SVCS DIV

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1. Entity ID Number 00171188	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: 02860			

7. List ALL officers (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>			
President Name Dewin Nimene		Vice-President Name WONDER NIMBNE					
Street Address 339 East ave		Street Address 170 ADMIRAL ST					
City Pawtucket	State RI	Zip 02860	City PROVIDENCE	State RI	Zip 02809		
Secretary Name Henry Doe		Treasurer Name EMMANUEL JOHNSON					
Street Address 39 WATTIEI ROAD		Street Address 42 CUTLER ST					
City PAWTUCKET	State RI	Zip 02860	City WORCESTER	State MASS	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 WONDER NIMBNE		Director Name CHRISTOPHER WELCH					
Street Address 170 ADMIRAL ST		Street Address 150 CLARK AVE					
City PROVIDENCE	State RI	Zip 02809	City Cranston	State RI	Zip 		
Director Name Henry Doe		Director Name EMMANUEL JOHNSON					
Street Address 39 WATTIEI ROAD		Street Address 42 CUTLER ST					
City PAWTUCKET	State RI	Zip 02860	City WORCESTER	State MASS	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.n.gov

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