



State of Rhode Island

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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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		City Providence		State RI	
Zip 02860		Zip 02809					
Secretary Name Henry Doe				Treasurer Name Emmanuel Johnson			
Street Address 39 WATTIE ROAD				Street Address 42 CUTER ST			
City Pawtucket		State RI		City Worcester		State MASS	
Zip 02860		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		City Cranston		State RI			
Zip 02809		Zip 02809							
Director Name Henry Doe				Director Name EMMANUEL JOHNSON					
Street Address 39 WATTIE ROAD				Street Address 42 CUTER ST					
City Pawtucket		State RI		City Worcester		State MASS			
Zip 02860		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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