RI SOS Filing Number: 202220818740 Date: 7/8/2022 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Non-Profit Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Corporation
96363	Greater Harvest Outreach of God in Christ, Inc
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island
Rhode Island	religious workship, mission outreach, christian education
4. NAICS Code	
813110 - Religious Organizati	

6. Principal Office Address	City	State	Zip
14 Harding Street	Pawtucket	RI	02861

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Reverend Michael A. Brown			Vice-President Name: Frances H. Brown		
Street Address: 14 Harding Street			Street Address: 14 Harding Street		
City: Pawtucket	State: RI	Zip: 02861	City: Pawtucket	State: RI	Zip: 02861
Secretary Name: Kesha N. Crawford			Treasurer Name: Audrey Wigginton		
Street Address: 51 Norfolk Ave			Street Address: 167 Walnut St		
City: Pawtucket	State: RI	Zip: 02861	City: East Providence	State: RI	Zip: 02914

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Ruth Thomas			Director Name: Melissa Nelson		
Street Address: 4722 So. 177th E. Place			Street Address: 21 Gray Street		
City: Tulsa	State: Ok	Zip: 74134	City: Providence	State: RI	Zip: 02903
Director Name: Minister Carroll M. Evans			Director Name: Raymond N. Brown		
Street Address: 557 Veazie Street apt 415			Street Address: 7030 N. Presidio Drive		
City: Providence	State: RI	Zip: 02907	City: Milwakie	State: WI	Zip: 53223

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	Date
Reverend Michael A. Brown	6/26/2022

Signature of Officer/Authorized Representative: Reverend Michael A. Brown

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BY 654F1

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 11/2021