



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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R.I. DEPT OF STATE
BUS SERVICES DIV
2022 JUL - 8 A 8:33

1. Entity ID Number 96363		2. Exact name of the Corporation Greater Harvest Outreach of God in Christ, Inc			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island religious workshop, mission outreach, christian education			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address 14 Harding Street		City Pawtucket	State RI	Zip 02861	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 Milwskie	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Reverend Michael A. Brown				Date 6/26/2022	
Signature of Officer/Authorized Representative <i>Reverend Michael A. Brown</i>					

FILED

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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

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