



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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2022 JUL 18 8:33

1. Entity ID Number 26218	2. Exact name of the Corporation Harvest Hope Church of God in Christ Pentecostal of Pawtucket, Inc
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island religious worship, christian education, community outreach
4. NAICS Code 813110 - Religious Organization	

6. Principal Office Address 490 Broadway	City Pawtucket	State RI	Zip 02861
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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 Reverend David Hamlett		
Street Address 14 Harding Street			Street Address 120 Holcombs Street apt#7		
City Pawtucket	State RI	Zip 02861	City Hartford	State CT	Zip 06112
Secretary Name Kesha N. Crawford			Treasurer Name Audrey Wigginton		
Street Address 51 Norfolk Ave			Street Address 167 Walnut Street		
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 Frances H. Brown			Director Name Minister Carroll M. Evans		
Street Address 14 Harding Street			Street Address 577 Veazie Street Apt. 415		
City Pawtucket	State RI	Zip 02861	City Providence	State RI	Zip 02907
Director Name Raymond N. Brown			Director Name Melissa Nelson		
Street Address 7030 N. Presidio Drive Apt. G			Street Address 21 Gray Street		
City Milwaukie	State WI	Zip 53223	City Providence	State RI	Zip 02905

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 Reverend Michael A. Brown	Date 6/26/2022
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Signature of Officer/Authorized Representative
Reverend Michael A. Brown

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 MB 654FI FORM 631 - Revised: 11/2021