RI SOS Filing Number: 202222480620 Date: 8/26/2022 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

RECEIVED RATE BUS SYCS DIV

→ Filing period February 1 - May 1

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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Entity ID Number	2. Exact name	of the Corporation				
001671799	BY His Grace Ministry					
3. State of Incorporation	5. Brief descrip	Brief description of the character of business conducted in Rhode Island				
RI					,	
4. NAICS Code	[
813110 out reach minister						
6. Principal Office Address			City	State	Zip	
125 Elmaale Ave"2			Providence	RI	02909	
7. List ALL officers (names and addresses) Check the box to indicate a					icate an attachment	
President Name Ruth Z. Beaie			Vice-President Name			
Street Address			Street Address			
city Provident	State RI	Zip 02909	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name Nova E. Trinity			Amelia Cam (Phel)			
Street Address 25 Elmaale Aue #2			Amelia Campbell Street Address 1646 Fermsine Cust			
City	State	Zip 02909	City City	State	Zip	
Providence	BE	02909	Sanjose	CA	95131	
Director Name <u>Willustee</u> A Brooks HARMON			Director Name			
Street Address 25 Flm Late Aue 72			Street Address			
city Providence	State R t	Zip 02909	City	State	Zip	
	n of record with t		of State is accurate. Changes	s require filing Form 64	1	
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		
KuTH 7		8-24	-22			
Signature of Officer/Authorized Representative						
Ruth 2. Beaile Ruth J. Beatle						
MAIL TO:					177	

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 2 8 2022

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