



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
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<br>001671799   |             | 2. Exact name of the Corporation<br>BY His Grace ministry   |             |
| 3. State of Incorporation<br>RI  |             | 5. Brief description of the character of business conducted in Rhode Island<br>out reach ministry |             |
| 4. NAICS Code<br>813110  |             |   |             |
| 6. Principal Office Address<br>25 Elmdale Ave #2   |             | City<br>Providence  | State<br>RI |
|  |             | Zip<br>02909  |             |
| 7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment  |             |   |             |
| President Name<br>Ruth Z. Beale  |             | Vice-President Name   |             |
| Street Address<br>25 Elmdale Ave #2  |             | Street Address  |             |
| City<br>Providence   | State<br>RI | Zip<br>02909  |             |
| Secretary Name   |             | Treasurer Name  |             |
| Street Address   |             | Street Address  |             |
| City   | State       | Zip   |             |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <input type="checkbox"/> Check the box to indicate an attachment                      |             |   |             |
| Director Name<br>Nora E. Trinity   |             | Director Name<br>Amelia Campbell  |             |
| Street Address<br>25 Elmdale Ave #2  |             | Street Address<br>1646 Fernside Court   |             |
| City<br>Providence   | State<br>RI | Zip<br>02909  |             |
| City<br>San Jose   | State<br>CA | Zip<br>95131  |             |
| Director Name<br>Willmette A Brooks Harmon   |             | Director Name   |             |
| Street Address<br>25 Elmdale Ave #2  |             | Street Address  |             |
| City<br>Providence   | State<br>RI | Zip<br>02909  |             |
| 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<br>Ruth Z. Beale   |             | Date<br>8-26-22   |             |
| Signature of Officer/Authorized Representative<br>Ruth Z. Beale  |             |   |             |

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov

AUG 26 2022  
BY MS Glixer  
FORM 631 - Revised: 11/2021