



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

Annual Report for the year:

2021

Non-Profit Corporation

2022 DEC -5 AM 10:08

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

1. Entity ID Number 000028951		2. Exact name of the Corporation West Warwick Church of God			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Church			
4. NAICS Code 813110 - Religious Organizations					
6. Principal Office Address 30 Sorrell Road		City North Providence	State RI	Zip 02904	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name James Turnipseed		Vice-President Name			
Street Address 30 Sorrell Road		Street Address			
City N. Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Kenneth Trawick		Treasurer Name			
Street Address 240 Burnell Road		Street Address			
City West Haven	State CT	Zip 06516	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 <input type="checkbox"/>					
Director Name Othon Noel		Director Name Kenneth L. Hill			
Street Address 30 Countryside Lane		Street Address 1449 John Fitch Blvd.			
City Milton	State MA	Zip 02186	City South Windsor	State CT	Zip 06074
Director Name Oral Roberts		Director Name None			
Street Address 102 Emerson Street		Street Address			
City New Haven	State CT	Zip 06515	City	State	Zip
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 James Turnipseed					Date 12/5/2022
Signature of Officer/Authorized Representative 					

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

FILED

DEC 05 2022

FORM 631 - Revised: 11/2021

BY WZACH

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