



State of Rhode Island  
Department of State - Business Services Division

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

Annual Report for the year: 2017  
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 <b>000028951</b>		2. Exact name of the Corporation <b>West Warwick Church of God</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Church</b>			
4. NAICS Code <b>813110 - Religious Organizations</b>					
6. Principal Office Address <b>30 Sorrell Road</b>		City <b>North Providence</b>		State <b>RI</b>	Zip <b>02904</b>
7. List ALL officers (names and addresses). <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>James Turnipseed</b>			Vice-President Name		
Street Address <b>30 Sorrell Road</b>			Street Address		
City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Secretary Name <b>Kenneth Trawick</b>			Treasurer Name		
Street Address <b>240 Burnell Road</b>			Street Address		
City <b>West Haven</b>	State <b>CT</b>	Zip <b>06516</b>	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Othon Noel</b>			Director Name <b>Kenneth L. Hill</b>		
Street Address <b>30 Countryside Lane</b>			Street Address <b>1449 John Fitch Blvd.</b>		
City <b>Milton</b>	State <b>MA</b>	Zip <b>02186</b>	City <b>South Windsor</b>	State <b>CT</b>	Zip <b>06074</b>
Director Name <b>Oral Roberts</b>			Director Name <b>None</b>		
Street Address <b>102 Emerson Street</b>			Street Address		
City <b>New Haven</b>	State <b>CT</b>	Zip <b>06515</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<b>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</b>					
Name of Officer/Authorized Representative <b>James Turnipseed</b>					Date <b>12/5/2022</b>
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](http://www.sos.ri.gov)

**FILED**

DEC 05 2022

FORM 631 - Revised: 11/2021

BY WZACH  
10:09 D/L