RI SOS Filing Number: 202325889960 Date: 1/10/2023 1:25:00 PM

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State of Rhode Island

## Department of State - Business Services Division

.-(:E1vE0 R.I. DEPT. OF STATE BUS SVCS DIV Annual Report for the year: 2022

STAWP

Service of

**Non-Profit Corporation** -> Filing period: February 1 - May 1

2023 JAP 10 PM 1: 24

→ Filing Fee: \$20 00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation						
000029591	PENTECOSTAL CHURCH OF GOD IN CHRIST OF PROVIDENCE						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	Religious Activities and community outreach						
4. NAICS Code	1						
813110 - Religious Organizations							
6. Principal Office Address			City	State	Zıp		
25 Mystic Street			Providence	RI	02905		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name Quintin Nard			Vice-President Name John Harnett				
Street Address 224 Summer Street			Street Address 800 Weeden Street Apt# 2A				
City Woonsocket	State RI	<sup>Zıp</sup> 02895	<sup>City</sup> Pawtucket	State RI	<sup>Z<sub>ip</sub></sup> 02860		
Secretary Name Candice McLean			Treasurer Name				
Street Address 31 Collins Avenue #2		Street Address					
<sup>City</sup> Pawtucket	State RI	<sup>Zip</sup> 02860	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 Donna Jenkins			Director Name John Scott Rhodes				
Street Address 3 Western Hills Lane			Street Address 150 Lakeview Drive				
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02921	City Providence	State RI	<sup>Zıp</sup> 02910		
Director Name Diane Kindred Director Name							
Street Address 87 Gallup Street			Street Address				
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02905	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 Date							
Quintin Nard 01/05/2023							
Signature of Officer/Authorized Representative  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 JAN 10 2023

FORM 631 - Revised: 11/2021 1:2500