



State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2022

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.

1. Entity ID Number 000029591		2. Exact name of the Corporation PENTECOSTAL CHURCH OF GOD IN CHRIST OF PROVIDENCE			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious Activities and community outreach			
4. NAICS Code 813110 - Religious Organizations					
6. Principal Office Address 25 Mystic Street		City Providence	State RI	Zip 02905	
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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	Zip 02895	City Pawtucket	State RI	Zip 02860
Secretary Name Candice McLean		Treasurer Name			
Street Address 31 Collins Avenue #2		Street Address			
City Pawtucket	State RI	Zip 02860	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 Donna Jenkins		Director Name John Scott Rhodes			
Street Address 3 Western Hills Lane		Street Address 150 Lakeview Drive			
City Cranston	State RI	Zip 02921	City Providence	State RI	Zip 02910
Director Name Diane Kindred		Director Name			
Street Address 87 Gallup Street		Street Address			
City Providence	State RI	Zip 02905	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>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Quintin Nard				Date 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

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FORM 631 - Revised: 11/2021