



RI SOS Filing Number: 202329175050 Date: 2/21/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

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.

FILED

FEB 21 2023

BY

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1. Entity ID Number 98219		2. Exact name of the Corporation The Solid Rock Church of the Assemblies of God			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Place of Worship			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address 1753 Phenix Avenue		City Cranston	State RI	Zip 02921	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name None			Vice-President Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name Carmen Fields			Treasurer Name Maureen Vega		
Street Address 70 Trellis Drive			Street Address 5137 Flat River Road		
City West Warwick	State RI	Zip 02893	City Coventry	State RI	Zip 02827
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 Maureen Kelley			Director Name Trevor Andrews		
Street Address 29 Bowers Street Apt 2			Street Address 100 Benefit Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Maria Melendez			Director Name		
Street Address 126 Salem Avenue			Street Address		
City Cranston	State RI	Zip 02920	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>					
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 Maureen Vega				Date 2-16-2023	
Signature of Officer/Authorized Representative Maureen Vega					

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

FORM 631 - Revised: 2/2023