	State of Rhode Office of the Secreta		Fee: \$20.00
	Division Of Busines	s Services	
	148 W. River S		
	Providence RI 029		
1030	(401) 222-30	40	
Non-Profit Corporation			
Annual Report Filing Period: February 1 - May	1		
In accordance with R.I.G.L. 7-6 annual report within the time pr penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 202	<u>3</u>		
1. Corporate ID No. 00053	<u>19975</u>		
2. Name of Corporation $\underline{\mathrm{Worl}}$	d Harvest Worship Center		
3. State of Incorporation			
State: <u>RI</u>			
	ARTICLE III		
Using the dropdown labeled N primary type of activity in whic populate a NAICS Code based box on the right. For further as	ch your entity engages. The d on the chosen selection. If	box to the right of the the NAICS Code is k	e dropdown will
NAICS Code			
<u>813110</u>			
4. Principal Office Address			
No. and Street: <u>950 BRC</u>	DAD STREET		
City or Town: <u>PROVID</u>	DENCE State:	: <u>RI</u> Zip: <u>02905</u>	Country: <u>USA</u>
5. Brief Description of the Ch	aracter of the Affairs Condu	ucted in Rhode Islan	d
TO ESTABLISH OF WORS	HIP AND TO PREACH A	ND TEACH THE C	<u>OSPEL</u>
6. Names and Addresses of t	he Officers and Directors:		
All Directors and Officers mu Island Corporation shall not I		ne number of DIRECT	FORS of a Rhode
Title	Individual Name First, Middle, Last, Suffix		Iress State, Zip Code, Country
,	. ,, .	, , , , , , , , , , , , , , , , , , ,	

EXECUTIVE VICE PRESIDENT	JANJE KHASU-RICHARDSON	16-B SOMERSET PROVIDENCE, RI 02907 USA
PRESIDENT	SAM RICHARDSON JR	16-B SOMERSET STREET PROVIDENCE, RI 02907 USA
SECRETARY	SANDY RICHARDSON	13 WEALTH AVE. PROVIDENCE, RI 02908 USA
TREASURER	LOUISE RICHARDSON	11 NAPOLEON STREET WEST WARWICK, RI 02893 USA
DIRECTOR	LOUISE RICHARDSON	11 NAPOLEON PROVIDENCE, RI 02893 USA
DIRECTOR	JANJE KHASU-RICHARDSON	16-B SOMERSET PROVIDENCE, RI 02907 USA
DIRECTOR	SANDY RICHARDSON	13 WEALTH AVE. PROVIDENCE, RI 02908 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

SAM B. RICHARDSON, JR. 75 ALVIN STREET PROVIDENCE , RI 02907

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 24 Day of February, 2023 at 1:29:04 PM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By SAM RICHARDSON

Signature of Authorized Person

Form No. 631 Revised 09/07

© 2007 - 2023 State of Rhode Island All Rights Reserved