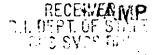
RI SOS Filing Number: 202331454330 Date: 3/22/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **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

2023 MAR 22 P 1: 22

				
1. Entity ID Number	2. Exact name of the Corporation			
72513	Praising and Salvation Winistry			
State of Incorporation	5. Brief description of the character of business conducted in Rhode Island			
RI	to preach the Holy word of God. and			
4. NAICS Code		0	,	·
8/31/0	cele brate	With Musi	<u> </u>	
6. Principal Office Address		City	State	Zip
1670 Broad	Street	Cranston	R.I.	02905
7. List ALL officers (names and addresses) Check the box to indicate an attachment				
President Name Socelyn Mozell		Vice-President Name Celise Craig		
Street Address 1670 Broad Street		Street Address 10 William Ellely Place		
CHANSTON	State R I 02905	City Providence	State R. T.	21p 02904
Secretary Name Sawu)	Treasurer Name L.Sh Sha	h ore	llana
Street Address 1670 Broad Street		Street Address 31 BAG/ey Street		
Cranston	State RI 02905	CITY Pawtucket		Zip 02861
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment				
Director Name Alberto Perez		Director Name SONYA SMITH		
Street Address	ave. AP. 227	Street Address 31 Bagley Street		
City Craps ton	State R.I Zip 02920	CITY Pawtucket	Ctata	Zip 02861
		Director Name Abraham OrellaNa		
		Street Address 1826 Frenchown Rd.		
City Providence	State R-I, Zip 02908	City East Greenwih	State R.T	Zip 02818
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				
Socelin M	lorell	1714 FED	3/221	23
Signature of Officer/Authorized Representative				
MAD 9 9 2022				
MAIL TO:				

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sas ri.gov BY_ML_LYYFV