



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

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RI DEPT. OF STATE
BUS. SVCS. DIV.

2023 MAR 22 P 1:22

1. Entity ID Number 72513		2. Exact name of the Corporation Praising and Salvation Ministry	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island To preach The Holy Word of God and	
4. NAICS Code 813110		celebrate with music	
6. Principal Office Address 1670 Broad Street		City Cranston	State R.I.
		Zip 02905	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Socelyn Morell		Vice-President Name Celise Craig	
Street Address 1670 Broad Street		Street Address 10 William Ellery Place	
City Cranston	State RI	City Providence	State R.I.
Zip 02905		Zip 02904	
Secretary Name Samuel Orellana		Treasurer Name Ishshah Orellana	
Street Address 1670 Broad Street		Street Address 31 Bagley Street	
City Cranston	State RI	City Pawtucket	State RI
Zip 02905		Zip 02861	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Alberto Perez		Director Name Sonya Smith	
Street Address 28 Harris Ave. AP. 227		Street Address 31 Bagley Street	
City Cranston	State R.I.	City Pawtucket	State RI
Zip 02920		Zip 02861	
Director Name Sandra Craig		Director Name Abraham Orellana	
Street Address 59 Wainwright St.		Street Address 1826 Frenchtown Rd.	
City Providence	State R.I.	City East Greenwich	State R.I.
Zip 02908		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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative Socelyn Morell			Date 3/22/23
Signature of Officer/Authorized Representative 			FILED
MAR 22 2023			
BY ML CYFV			