



State of Rhode Island
Department of State - Business Services Division

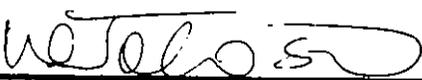
Annual Report for the year:
Non-Profit Corporation

2023

- 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

2023 MAR 24 P 1:06

1. Entity ID Number 001732492		2. Exact name of the Corporation Faith Healing Temple of the Divine Trinity			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A church of Faith in God. We are a ministry of religion, Christian faith			
4. NAICS Code 813110					
6. Principal Office Address 40 Sterling Ave Providence, RI, 02909		City Providence	State RI	Zip 02909	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lucinda S. Doman		Vice-President Name Rebecca Bundor			
Street Address 95 Olney Avenue		Street Address 16 Rose Street			
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02904
Secretary Name Seraldine A. Sonpon		Treasurer Name Cynthia Madison			
Street Address 10 Kentland Ave		Street Address 395 Farmington Ave			
City Providence	State RI	Zip 02909	City Cranston	State RI	Zip 02920
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 Lucinda S. Doman		Director Name Rebecca Bundor			
Street Address 95 Olney Avenue		Street Address 16 Rose Street			
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02904
Director Name Josephine St. John		Director Name			
Street Address 19 Hanover Street		Street Address			
City Providence	State RI	Zip 02907	City	State	Zip
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.					
<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 Wade C. Johnson				Date 3/24/23	
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

MAR 24 2023
BY ML NQ51KE