



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.

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1. Entity ID Number <b>00072960</b>		2. Exact name of the Corporation <b>GRAIN COAST MINISTRIES</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>Providing spiritual support, advocating for reconciliations among Librarians</b>	
4. NAICS Code <b>813211</b>			
6. Principal Office Address <b>711 PARK AVE.</b>		City <b>CRANSTON</b>	State <b>RI</b>
		Zip <b>02910</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Bishop Philip E. Nelson III</b>		Vice-President Name <b>S. Emmanuel Nelson</b>	
Street Address <b>108 Ethan St</b>		Street Address <b>55 OAKVIEW Lane</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>OAKHAM</b>	State <b>MA</b>
Zip <b>02909</b>		Zip <b>01068</b>	
Secretary Name <b>Rev. MARY B. Nelson</b>		Treasurer Name <b>TEPLAH C. GOWER</b>	
Street Address <b>359 CARPENTER ST apt 117</b>		Street Address <b>225 BAKER ST</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02909</b>		Zip <b>02907</b>	
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 <b>Bishop Philip E. Nelson III</b>		Director Name <b>S Emmanuel Nelson</b>	
Street Address <b>108 Ethan St</b>		Street Address <b>55 OAKVIEW Lane</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>OAKHAM</b>	State <b>MA</b>
Zip <b>02909</b>		Zip <b>01068</b>	
Director Name <b>Rev. MARY B. Nelson</b>		Director Name	
Street Address <b>359 CARPENTER ST apt 117</b>		Street Address	
City <b>PROVIDENCE</b>	State <b>RI</b>	City	State
Zip <b>02909</b>		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>			
<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 <b>Bishop Philip E. Nelson III</b>			Date <b>4-17-2023</b>
Signature of Officer/Authorized Representative <b>Rev. Mary B. Nelson</b>			

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

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APR 17 2023  
BY ml NRDBW