



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Non-Profit  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR 2023: 2023**

**1. Corporate ID No.** 001745450

**2. Name of Corporation** The James Partnership

**3. State of Incorporation**

State: VA

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813110

**4. Principal Office Address**

No. and Street: 9310 B OLD KEENE MILL RD

City or Town: BURKE

State: VA Zip: 22015 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO FULLFILL THE COMMAND IN THE NEW TESTAMENT EPISTLE OF JAMES TO BE BOTH HEARERS AND DOERS OF THE WORLD AND PROMOTE BIBICAL PRINCIPLES

**6. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	NANCY B ROGERS	9310 B OLD KEENE MILL RD BURKE, VA 22015 USA
BOARD MEMBER	KEVIN B BRIGGS	9310 B OLD KEENE MILL RD BURKE, VA 22015 USA
PRESIDENT	CHRISTOPHER ROGERS	9310 B OLD KEENE MILL ROAD BURKE, VA 22015 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**

HARBOR COMPLIANCE 47 WOOD AVENUE, SUITE 2 BARRINGTON , RI 02806

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

**Signed this 26 Day of April, 2023 at 11:40:41 AM 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 NANCY ROGERS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2023 State of Rhode Island  
All Rights Reserved