



RI SOS Filing Number: 202334196660 Date: 4/26/2023 4:00:00 PM
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.

FILED
STAMP
APR 26 2023
BY 175
193

1. Entity ID Number 46923		2. Exact name of the Corporation PAUL LAWRENCE MINISTRIES			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island RELIGIOUS			
4. NAICS Code 813110 RELIGIOUS					
6. Principal Office Address 178 GRAY ST		City PROVIDENCE		State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name REV. DANAPPAUL LAWRENCE			Vice-President Name MR. STEVEN MARTINS		
Street Address 178 GRAY ST			Street Address 10 SUMMER DR		
City PROVIDENCE	State RI	Zip 02909	City SEEKONK	State MA	Zip 02771
Secretary Name MRS. JANET LAWRENCE			Treasurer Name REV. DANAPPAUL LAWRENCE		
Street Address 178 GRAY ST			Street Address 178 GRAY ST		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
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 REV. DANAPPAUL LAWRENCE			Director Name MR. STEVEN MARTINS		
Street Address 178 GRAY ST			Street Address 10 SUMMER DR.		
City PROVIDENCE	State RI	Zip 02909	City SEEKONK	State MA	Zip 02771
Director Name MRS. JANET LAWRENCE			Director Name NONE		
Street Address 178 GRAY ST			Street Address		
City PROVIDENCE	State RI	Zip 02909	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 REV. DANAPPAUL LAWRENCE				Date 4-25-2023	
Signature of Officer/Authorized Representative Rev. Dr. Danapaul Lawrence					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov