



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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BUS SVCS DIV

2023 MAY -8 P 12:39

1. Entity ID Number 000790121	2. Exact name of the Corporation Church of Living God Mission
3. State of Incorporation PROVIDENCE RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island to teach and preach the word of God's (Bible) and to help with spiritual need to ministers - their needs here and a broad.
4. NAICS Code 813010	

6. Principal Office Address 20 WESTFIELD Street	City PROVIDENCE	State RI	Zip 02907
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name EROLD JEAN-BAPTISTE			Vice-President Name Marie Therese Jean-Baptiste		
Street Address 9-SABRA Street			Street Address 9 SABRA ST		
City CRANSTON	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name NOBEL Judy			Treasurer Name JEANTY Romain		
Street Address 255 WALDO ST			Street Address waldo Street		
City PROVIDENCE	State RI	Zip 02910	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

Director Name EROLD Jean Baptiste			Director Name JEANTY Romain		
Street Address 9-SABRA Street			Street Address waldo Street #255		
City CRANSTON	State RI	Zip 02910	City PROVIDENCE	State RI	Zip 02909
Director Name Marie Therese Jean-Baptiste			Director Name ANNIE Romain		
Street Address 9-SABRA Street			Street Address waldo Street #255		
City CRANSTON	State RI	Zip 02910	City PROVIDENCE	State RI	Zip 02909

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.

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

Name of Officer/Authorized Representative EROLD Jean-Baptiste	Date 05/08/2023
Signature of Officer/Authorized Representative 	FILED MAY 08 2023 BY <u>1025</u>

MAIL TO:
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Website: www.sos.ri.gov