



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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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 MAY -8 P 12:39

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

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

President Name <b>EROLD JEAN-BAPTISTE</b>			Vice-President Name <b>Marie Therese Jean-Baptiste</b>		
Street Address <b>9-SABRA Street</b>			Street Address <b>9 SABRA ST</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
Secretary Name <b>NOBEL Judy</b>			Treasurer Name <b>JEANTY Romain</b>		
Street Address <b>255 WALDO ST</b>			Street Address <b>waldo Street</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

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

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 <b>EROLD Jean-Baptiste</b>	Date <b>05/08/2023</b>
Signature of Officer/Authorized Representative 	<b>FILED</b> 1234

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

**MAY 08 2023**  
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