



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 000792734		2. Exact name of the Corporation Rain of Freedom Church	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To seek to generate a body of believers in our Lord Jesus Christ and to teach, train & equip to promote word of God according to Matthew 28: 18-20	
4. NAICS Code 813110			
6. Principal Office Address 33 Bouvier Avenue		City Manville	State RI Zip 02838
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rebecca Jenkins		Vice-President Name David McGinn	
Street Address 268 Waterman Avenue		Street Address 164 Gray Street	
City Smithfield	State RI	City Providence	State RI Zip 02909
Secretary Name Elisa McGinn		Treasurer Name Elisa McGinn	
Street Address 164 Gray Street		Street Address 164 Gray Street	
City Providence	State RI	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 Rebecca L. Jenkins		Director Name Shirley Duncan	
Street Address 288 Waterman Avenue		Street Address 41 Allenson Avenue	
City Smithfield	State RI	City South Attleboro	State MA Zip 02703
Director Name Jody J. Jenkins		Director Name Elisa McGinn	
Street Address 268 Waterman Avenue		Street Address 164 Gray Street	
City Smithfield	State RI	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 Rebecca Jenkins			Date 7-13-23
Signature of Officer/Authorized Representative <i>Rebecca Jenkins</i>			

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov