



**State of Rhode Island
Department of State - Business Services Division**

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2023 NOV 14 A 11:41

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.

1. Entity ID Number 160270	2. Exact name of the Corporation Lionel Brown Ministries
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island For Charitable education and religious purposes. For distribution to organizations which qualify as exempt under section 501(c)(3) of the IRS code
4. NAICS Code 813110	

6. Principal Office Address 38 Crandall St	City Providence	State RI	Zip 02908
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Lionel E Brown Jr				Vice-President Name James McNamara			
Street Address 38 Crandall St				Street Address 38 Crandall St			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908	City Providence	State RI
Secretary Name Burnetta Bates				Treasurer Name Christen Brown			
Street Address 38 Crandall St				Street Address 38 Crandall			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908	City Providence	State RI

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 Troylynda Williams				Director Name Tyrrelle Brown			
Street Address 38 Crandall St				Street Address 38 Crandall St			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908	City Providence	State RI
Director Name Toby Rayford				Director Name Carla Brown			
Street Address 38 Crandall St				Street Address 38 Crandall St			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908	City Providence	State RI

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 Lionel E Brown Jr	Date 11/14/2023
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Signature of Officer/Authorized Representative
Lionel E Brown Jr

FILED 11/14/23
NOV 14 2023
BY VCS3H

MAIL TO:
Division of Business Services
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