



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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2023 NOV 14 A 11:40

1. Entity ID Number <u>11664218</u>		2. Exact name of the Corporation <u>Church on the Rock Kingdom Cathedral</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>For Educational and Religious purposes, for the making of distribution of organizations which qualify as exemptions under the section 501(c)(3) of the Internal Revenue Code or any corresponding section of any future tax code.</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>38 Crandall St</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02908</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Lionel E Brown Jr</u>		Vice-President Name <u>Carla Brown</u>	
Street Address <u>38 Crandall St</u>		Street Address <u>SAME</u>	
City <u>Providence</u>	State <u>RI</u>	City	State Zip
Secretary Name <u>Natasha Dennis</u>		Treasurer Name <u>Toby Rayford</u>	
Street Address <u>38 Crandall St</u>		Street Address <u>SAME</u>	
City <u>Providence</u>	State <u>RI</u>	City	State Zip
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 <u>Troylynda Williams</u>		Director Name <u>Yvette Banks</u>	
Street Address <u>38 Crandall St</u>		Street Address <u>SAME</u>	
City <u>Providence</u>	State <u>RI</u>	City	State Zip
Director Name <u>DeAnna Tomlinson</u>		Director Name <u>Jennifer Stone</u>	
Street Address <u>38 Crandall St</u>		Street Address <u>38 Crandall St</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02908</u>
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <u>Lionel E Brown Jr</u>		W2 FILED	Date <u>11/14/2023</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>		NOV 14 2023 1142 BY <u>VCS3H</u>	

MAIL TO:
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