



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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 <u>000030245</u>		2. Exact name of the Corporation <u>Restoration Deliverance Temple</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Place of Worship, Christian Faith</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>619 Chalkstone Ave</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>Priscilla Williams</u>		Vice-President Name <u>Elliott Sutton</u>	
Street Address <u>23 Legion Way</u>		Street Address <u>23 Legion Way</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02910</u>		Zip <u>02910</u>	
Secretary Name <u>Destiny Williams</u>		Treasurer Name <u>Priscilla Williams</u>	
Street Address <u>23 Legion Way</u>		Street Address <u>23 Legion Way</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02910</u>		Zip <u>02910</u>	
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>Jasmine Miller</u>		Director Name <u>Danika Williams</u>	
Street Address <u>23 Legion Way</u>		Street Address <u>23 Legion Way</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02910</u>		Zip <u>02910</u>	
Director Name <u>Elliott Sutton</u>		Director Name	
Street Address <u>23 Legion Way</u>		Street Address	
City <u>Cranston</u>	State <u>RI</u>	City	State
Zip <u>02910</u>		Zip	
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 <u>Priscilla Williams</u>		Date <u>11/17/23</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u>		NOV 17 2023 BY <u>BU2DW</u>	

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