



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 DEC 12 A 11:54

| | | | |
|--|-----------------|--|--------------------|
| 1. Entity ID Number <u>1666731</u> | | 2. Exact name of the Corporation <u>God's Purpose Redeemed Ministries</u> | |
| 3. State of Incorporation <u>813110</u> | | 5. Brief description of the character of business conducted in Rhode Island <u>Feed/Alleviate hunger</u> <u>Share the teaching of Christ through</u> <u>preaching</u> | |
| 4. NAICS Code <u>RI</u> | | | |
| 6. Principal Office Address <u>15 Julian Street</u> | | City <u>Providence</u> | State <u>RI</u> |
| | | Zip <u>02909</u> | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name <u>Rev. J Aloysius Davis</u> | | Vice-President Name <u>Deborah Johnson</u> | |
| Street Address <u>15 Julian Street</u> | | Street Address <u>15 Julian Street</u> | |
| City <u>Providence</u> | State <u>RI</u> | City <u>Providence</u> | State <u>RI</u> |
| Zip <u>02909</u> | | Zip <u>02909</u> | |
| Secretary Name <u>Buster Melton III</u> | | Treasurer Name <u>Jehned Yarmai</u> | |
| Street Address <u>47 Grotto Ave</u> | | Street Address <u>167 Sission Ave</u> | |
| City <u>Pawtucket</u> | State <u>RI</u> | City <u>Pawtucket</u> | State <u>RI</u> |
| Zip <u>02860</u> | | Zip <u>02860</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>J Aloysius Davis</u> | | Director Name <u>Gbelar Fortpa Williams</u> | |
| Street Address <u>15 Julian Street</u> | | Street Address <u>25 Manton Ave</u> | |
| City <u>Providence</u> | State <u>RI</u> | City <u>Providence</u> | State <u>RI</u> |
| Zip <u>02909</u> | | Zip <u>02909</u> | |
| Director Name <u>Cecelia Keller</u> | | Director Name | |
| Street Address <u>25 Manton Ave</u> | | Street Address | |
| City <u>Providence</u> | State <u>RI</u> | City | State |
| Zip <u>02909</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. | | | |
| <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>Rev. J Aloysius Davis</u> | | Date <u>12/12/23</u> | |
| Signature of Officer/Authorized Representative <u>[Signature]</u> | | | |

FILED

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

DEC 12 2023
BY ML ACXNY
11:55

FORM 631- Revised 04/2023