



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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.

2024 JAN 23 12:03

1. Entity ID Number 000875101		2. Exact name of the Corporation Generation Church			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island A local church and community organization in Rhode Island			
4. NAICS Code 813110 - Religious Org					
6. Principal Office Address PO BOX 477			City Wakefield	State RI	Zip 02880
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephen Mook			Vice-President Name Keith Burden		
Street Address 82 Robinson St			Street Address 91 Kersey Rd		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Lindsay Mook			Treasurer Name Greg Possemato		
Street Address 82 Robinson St			Street Address 10 Sonquippaug Rd		
City Wakefield	State RI	Zip 02879	City Charlestown	State RI	Zip 02813
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 Stephen Mook			Director Name Keith Burden		
Street Address 82 Robinson St			Street Address 91 Kersey Rd		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Greg Possemato			Director Name		
Street Address 10 Sonquippaug Rd			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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.</i>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Greg Possemato				Date 23 Jan 2024	
Signature of Officer/Authorized Representative 					

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

FILED

2:07 BY ML 35B9P JAN 23 2024

FORM 631- Revised 12/2023