



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001713697

2. Name of Corporation Savior Project Outreach Christian Center Church

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813110

4. Principal Office Address

No. and Street: 32 GALLUP ST

City or Town: PROVIDENCE

State: RI

Zip: 02905

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

MISSION TO TURN UNBELIEVERS INTO BELIEVERS BUILDING UP THE KINGDOM OF GOD TO TRAIN TEACHING MAKING DISCIPLES OOUT OF BELIEVERS AS THE HOUSEHOLD OF FAITH

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	PAULA AGRESTI MS	25 FLETCHER STREET EAST PROVIDENCE, RI 02914 USA
SECRETARY	MARY GAMA MRS	16 AUTUM STREET PROVIDENCE, RI 02905 USA
ASSISTANT SECRETARY	ELEANOR M LACEY	32 GALLUP ST PROVIDENCE, RI 02905 USA
DIRECTOR	MICHAEL GAMA	16 AUTUM STREET PROVIDENCE, RI 02905 USA
DIRECTOR	SANDRA BAEZ MS	140 DODGE STREET PROVIDENCE, RI 02907 USA
DIRECTOR	TYRONE K LACEY MR	32 GALLUP ST PROVIDENCE, RI 02905 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

ELEANOR M. LACEY 32 GALLUP STREET PROVIDENCE , RI 02905

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 22 Day of March, 2024 at 11:48:04 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ELEANOR M. LACEY
Signature of Authorized Person

Form No. 631
Revised 09/07

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