



**State of Rhode Island  
Department of State - Business Services Division**

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**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.

1. Entity ID Number <b>568556</b>	2. Exact name of the Corporation <b>Triumph Generation Ministry Inc.</b>
3. State of Incorporation <b>Rhode Island</b>	5. Brief description of the character of business conducted in Rhode Island <b>to preach, teach, the word of God to all nations.</b>
4. NAICS Code <b>813110</b>	

6. Principal Office Address <b>95 Hathaway street</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
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7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
President Name <b>Pastor Anthony Trage</b>		Vice-President Name		
Street Address <b>26 Coggeshall street</b>		Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City	State
Secretary Name <b>Gerald M. Briggs</b>		Treasurer Name <b>Rose Stoke Baver</b>		
Street Address <b>61 Sutton street</b>		Street Address <b>67 Rutherglen Ave</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>

8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
Director Name <b>Rachel Boaybu cargo</b>		Director Name <b>Cecelia F. Keller</b>		
Street Address <b>173 Lowell Ave</b>		Street Address <b>699 Harris Ave</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</b>
Director Name <b>Doris Gaye</b>		Director Name		
Street Address <b>3 Woodfall street</b>		Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City	State

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 	Date
Signature of Officer/Authorized Representative <b>Anthony S. Trage</b>	

MS FILED 12/7  
APR 15 2024  
BY 4323W

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