



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) Check the box to indicate an attachment

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	Zip
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>	Zip <b>02907</b>

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

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>	Zip <b>02907</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	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 	Date
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Signature of Officer/Authorized Representative <b>Anthony S. Trage</b>
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**MS FILED 12/17**  
**APR 15 2024**  
**BY 4323W**

MAIL TO:  
Division of Business Services  
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