RI SOS Filing Number: 202454066470 Date: 5/1/2024 4:00:00 PM

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	2. Exact name of the Corporation
000849347	Christ Fellowship Church
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
Rhode Island	To give a understanding of how it is to live in a world of everyday way of life according to the words of the Bible and how we are to get along without a cross of God and how we are to get by with the notice of what is expected of us and how we treat each other
4. NAICS Code	
813110	

6. Principal Office Address	City	State	Zip
340 Lockwood Street	Providence	RI	02907

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Lawrence Reid	Barbara Bryant
Street Address: 36 Crocus Street.	Street Address: 40 Wellington Street
City: Warwick; State: RI; Zip: 02886	City: E. Providence; State: R.I; Zip: 02914
Secretary Name	**Treasurer Name**
Odessia Daniels	SHANNON PERRY
Street Address: 15 Morton St.	Street Address: 96 Middle st apt
City: Providence; State: RI; Zip: 02905	City: Pawtucket; State: RI; Zip: 02860

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

Director Name	Director Name
Josie Saybe	Carla Fields
Street Address: 460 Charles Street	Street Address: 40 Wellington Street
City: Providence; State: RI; Zip: 02904	City: E. Providence; State: RI.; Zip: 02914
Director Name: June Fields	Director Name
Street Address: 40 Wellington Street	Street Address
City: Providence; State: RI; Zip: 02914	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
Lawrence Reid	4-30-2024

Signature of Officer/Authorized Representative: Lawrence Reid

FILED

MAY X 1 2024
BY DJS8T FJ

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

FORM 631- Revised: 12/2023