



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.

1. Entity ID Number <u>28958</u>		2. Exact name of the Corporation <u>Church of God and Saints of Christ, First Tabernacle</u>			
3. State of Incorporation <u>RHODE ISLAND</u>		5. Brief description of the character of business conducted in Rhode Island <u>Home of Worship, Church non profit, Religious worship and support of congregants</u>			
4. NAICS Code <u>813110 - Religious</u>					
6. Principal Office Address <u>173 Whitmarsh St (Main)</u> <u>105 Dodge St. P O BOX 23235 (ALT)</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Alexandrea Brown</u>			Vice-President Name <u>Frank Hausen</u>		
Street Address <u>173 Whitmarsh street #2</u>			Street Address <u>19 Henry street #2</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>East Providence</u>	State <u>RI</u>	Zip <u>02914</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <u>Alexandrea Brown</u>			Director Name <u>Frank Hausen</u>		
Street Address <u>173 Whitmarsh St #2</u>			Street Address <u>19 Henry St #2</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>East Providence</u>	State <u>RI</u>	Zip <u>02914</u>
Director Name <u>David Ellis</u>			Director Name		
Street Address <u>50 Cliffdale Ave</u>			Street Address		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02905</u>	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 <u>Alexandrea Brown</u>					Date <u>May 3, 2024</u>
Signature of Officer/Authorized Representative <u>Alexandrea M. Brown</u>					

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

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MAY 03 2024

FORM 631- Revised: 04/2023

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