



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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
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

FILED

MAY 03 2024

FORM 631 - Revised: 04/2023

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