




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.

REC'D RIDOS BSD  
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1. Entity ID Number <u>001702148</u>		2. Exact name of the Corporation <u>Greater Providence Church of God of Prophecy</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Church Services</u>	
4. NAICS Code <u>81310</u>			
6. Principal Office Address <u>73 Union Ave</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02909</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>Wervin Hardy</u>		Vice-President Name <u>Amely Spike Asst. Pastor</u>	
Street Address <u>15 Eileen Ave</u>		Street Address <u>40 Huldah St.</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02909</u>
Secretary Name <u>Norma Hardy</u>		Treasurer Name <u>Angella Morrison</u>	
Street Address <u>15 Eileen Ave</u>		Street Address <u>55 Somerset St.</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02907</u>
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>Norma Hardy, Wervin Hardy</u>		Director Name <u>Angella Morrison</u>	
Street Address <u>15 Eileen Ave</u>		Street Address <u>55 Somerset St.</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02907</u>
Director Name <u>Francine Patterson</u>		Director Name <u>Doreen Walters</u>	
Street Address <u>93 Abbot Street #2</u>		Street Address <u>79 Pawtuxet Terrace</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>West Warwick</u>	State <u>RI</u> Zip <u>02893</u>
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>Wervin Hardy</u>			Date <u>5-23-24</u>
Signature of Officer/Authorized Representative 			

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

MAY 28 2024  
BY SK105

FORM 631- Revised: 04/2023