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**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 103787		2. Exact name of the Corporation SOLID ROCK FAITH HEALING CHRISTIAN CENTER	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island NON PROFIT. TO TAKE THE WORD OF GOD TO THE UNREACHED. TO PROVIDE CLOTHING, HOUSING, CHRISTIAN VALUES, EDUCATION	
4. NAICS Code 624190			
6. Principal Office Address 364 PRAIRIE AVENUE		City PROVIDENCE	State RI
		Zip 02905	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name RALPH L. FLOWERS		Vice-President Name VASSAM A. FLOWERS	
Street Address 364 PRAIRIE AVENUE		Street Address 364 PRAIRIE AVENUE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02905		Zip 02905	
Secretary Name CHADENE BRACEWELL		Treasurer Name ROSELINE T. GOODRIDGE	
Street Address 364 PRAIRIE AVENUE		Street Address 364 PRAIRIE AVENUE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02905		Zip 02905	
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 RENEIDER DUNCAN		Director Name RALPH L. FLOWERS	
Street Address 364 PRAIRIE AVENUE		Street Address 364 PRAIRIE AVENUE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02905		Zip 02905	
Director Name ROSELINE GOODRIDGE		Director Name VASSAM A. FLOWERS	
Street Address 364 PRAIRIE AVENUE		Street Address 364 PRAIRIE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02905		Zip 02905	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<i>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.</i>			
<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 RALPH L. FLOWERS			Date 6/14/24
Signature of Officer/Authorized Representative 			FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2616
Phone: (401) 222-3040
Website: www.sos.ri.gov

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