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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 <b>524484</b>		2. Exact name of the Corporation <b>Victorious in Jesus Christ Ministries</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Proclaiming of God's Word and Prayers</b>			
4. NAICS Code <b>624190</b>					
6. Principal Office Address <b>16 Elma Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Rev. Susanna Weaver</b>			Vice-President Name		
Street Address <b>16 Elma Street #1</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	City	State	Zip
Secretary Name <b>Mrs Adeline Bass</b>			Treasurer Name		
Street Address <b>275 Main Street</b>			Street Address		
City <b>West Haven</b>	State <b>CT</b>	Zip <b>06516</b>	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 <b>ETTA Johnson</b>			Director Name <b>Theresa Pierce</b>		
Street Address <b>33 Claremont Street</b>			Street Address <b>16 Elma Street #2</b>		
City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>
Director Name <b>Bishop Morris Bryant</b>			Director Name		
Street Address <b>100 Park Place #214</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City	State	Zip
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 <b>Susanna Weaver</b>					Date <b>6/27/24</b>
Signature of Officer/Authorized Representative <b>Susanna Weaver</b>					<b>FILED</b>

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02804-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**  
JUN 27 2024  
BY **3dgdB**