



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 524484		2. Exact name of the Corporation Victorious in Jesus Christ Ministries			
3. State of Incorporation 624190 RI		5. Brief description of the character of business conducted in Rhode Island Proclaiming of God's Word and Prayers			
4. NAICS Code 624190					
6. Principal Office Address 16 Elma Street			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 Rev. Susanna Weaver			Vice-President Name		
Street Address 16 Elma Street #1			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name Mrs Adeline Bass			Treasurer Name		
Street Address 275 Main Street			Street Address		
City West Haven	State CT	Zip 06516	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 ETTA Johnson			Director Name Theresa Pierce		
Street Address 33 Claremon Street			Street Address 16 Elma Street #2		
City Central Falls	State RI	Zip 02863	City Providence	State RI	Zip 02905
Director Name Bishop Morris Bryant			Director Name		
Street Address 100 Park Place #214			Street Address		
City Pawtucket	State RI	Zip 02860	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 Susanna Weaver					Date 6/27/24
Signature of Officer/Authorized Representative Susanna Weaver					FILED

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

JUN 27 2024
BY 3dgdB