



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.

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1. Entity ID Number <u>000961153</u>		2. Exact name of the Corporation <u>God's Grace Tabernacle</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Church.</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>123 mercy street</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>Gebremariam Ayale</u>			Vice-President Name		
Street Address <u>123 mercy street</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City	State	Zip
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>Bolaji Lawal</u>			Director Name <u>Olalubokun Ademola</u>		
Street Address <u>773 Douglas Avenue</u>			Street Address <u>119 Mercy street</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>
Director Name <u>Ramota Akinmehin</u>			Director Name <u>Nathanael Ayale</u>		
Street Address <u>397 Branch Ave</u>			Street Address <u>29 Lonsdale Ave</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02859</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>[Signature]</u>					Date <u>7/1/24</u>
Signature of Officer/Authorized Representative <u>[Signature]</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

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BY AG7NS

FORM 631- Revised: 04/2023