



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
24 JUL 16 PM 2:43:33

1. Entity ID Number 000790121		2. Exact name of the Corporation CHURCH OF THE LIVING GOD MISSION	
3. State of Incorporation PROVIDENCE RI ISLAND		5. Brief description of the character of business conducted in Rhode Island TO TEACH and REACH THE WORD OF GOD'S BIBLE TO HELP WITH SPIRITUAL needs MINISTERS Their needs here and A BROAD.	
4. NAICS Code 813010			
6. Principal Office Address 20 WESTFIELD STREET		City PROVIDENCE	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name EROLD JEAN-BAPTISTE		Vice-President Name MARIE T. JEAN BAPTISTE	
Street Address 9-SABRA STREET		Street Address	
City CUNSTON	State RI	City	State
Zip 02910		Zip	
Secretary Name NOBEL JUDY		Treasurer Name JEANTY ROMAIN	
Street Address 265 WALDO STREET		Street Address 255 WALDO STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02907		Zip 02907	
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 EROLD J-BAPTISTE		Director Name ANNIE ROMAIN	
Street Address 9-SABRA		Street Address 25 WALDO ST	
City CUNSTON	State RI	City PROVIDENCE	State RI
Zip 02910		Zip 02907	
Director Name		Director Name JEANTY ROMAIN	
Street Address MARIE T-JEAN BAPTISTE		Street Address 255 WALDO ST	
City CUNSTON	State RI	City PROVIDENCE	State RI
Zip 02910		Zip 02907	
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 EROLD J-BAPTISTE			Date 7/16/24
Signature of Officer/Authorized Representative EROLD JEAN-BAPTISTE			FILED

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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