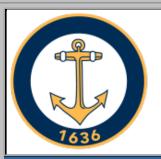
RI SOS Filing Number: 202458034600 Date: 7/24/2024 2:57:00 PM



State of Rhode Island Office of the Secretary of State

Fee: \$20.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2024**: 2024

- 1. Corporate ID No. 000144009
- 2. Name of Corporation JirehScope Ministries Inc.
- 3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>

NAICS Code

813110

4. Principal Office Address

No. and Street: P.O. BOX 114075

City or Town: NORTH PROVIDENCE State: RI Zip: 02911 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

CHARITABLE, RELIGIOUS, EDUCATIONAL

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

SECRETARY	JANICE PORTER	24 KING DR WEST WAREHAM, MA 02576 USA
PRESIDENT	TROY C BOURNE	35 BRAE STREET NORTH PROVIDENCE, RI 02911- USA
DIRECTOR	JANICE PORTER	24 KING DR WEST WAREHAM, MA 02576 USA
DIRECTOR	TROY C BOURNE	35 BRAE ST. NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	KURT MICHEL	265 TRIPLET DR FRANKLIN, VT 05457 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

TROY BOURNE 35 BRAE STREET NORTH PROVIDENCE, RI 02911

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 24 Day of July, 2024 at 3:04:53 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By TROY BOURNE

Signature of Authorized Person

Form No. 631 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved