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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	2. Exact name of the Corporation
160270	Lionel Brown Ministries
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	For Charitable education and religious purposes. For distribution to organizations which quilify as exempt under Section 501(c)(3) of the IRS code.
4. NAICS Code	
813110	

6. Principal Office Address	City	State	Zip
38 Crandall St	Providence	R.I	02908

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Lionel E Brown Jr			Vice-President Name: James McNamara		
Street Address: 38 Crandall St.			Street Address: 38 Crandall St		
City: Providence	State: RI	Zip: 02908	City: Providence	State: RI	Zip: 02908
Secretary Name: Burnetta Bates			Treasurer Name: Christen Brown		
Street Address: 38 Crandall St			Street Address: 38 Crandall St		
City: Providence	State: RI	Zip: 02908	City: Providence	State: RI	Zip: 02908

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name: Troylynda Williams			Director Name: Tyrelle Brown		
Street Address: 38 Crandall St			Street Address: 38 Crandall St		
City: Providence	State: RI	Zip: 02908	City: Providence	State: RI	Zip: 02908
Director Name: Toby Rayford			Director Name: Carla Brown		
Street Address: 38 Crandall St			Street Address: 38 Crandall St		
City: Providence	State: RI	Zip: 02908	City: Providence	State: RI	Zip: 02908

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	Date
Lionel E Brown Jr	8/15/2024

Signature of Officer/Authorized Representative: Lionel E Brown

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

FILED
AUG 15 2024
BY TBS69

FORM 631- Revised: 04/2023