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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<br><b>1664218</b>   |                 | 2. Exact name of the Corporation<br><b>Church on the Rock Kingdom Cathedral</b>  |                                    |
| 3. State of Incorporation<br><b>RI</b>  |                 | 5. Brief description of the character of business conducted in Rhode Island.<br><b>For the education and Religious purposes. For the distribution to organizations which qualify as exemptions under the section 501(c)(3) of the Internal Revenue code.</b> |                                    |
| 4. NAICS Code<br><b>813110</b>  |                 |  |                                    |
| 6. Principal Office Address<br><b>38 Crandall St</b>  |                 | City<br><b>Providence</b>  | State<br><b>RI</b>                 |
|   |                 | Zip<br><b>02908</b>  |                                    |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                 |  |                                    |
| President Name <b>Lionel E Brown Jr</b>   |                 | Vice-President Name <b>Carla Brown</b>   |                                    |
| Street Address <b>38 Crandall St.</b>   |                 | Street Address <b>38 Crandall St</b>   |                                    |
| City <b>Providence</b>  | State <b>RI</b> | City <b>Providence</b>   | State <b>RI</b>                    |
| Zip <b>02908</b>  |                 | Zip <b>02908</b>   |                                    |
| Secretary Name <b>NATASHA DENNIS</b>  |                 | Treasurer Name <b>Toby Rayford</b>   |                                    |
| Street Address <b>38 Crandall St</b>  |                 | Street Address <b>38 Crandall St</b>   |                                    |
| City <b>Providence</b>  | State <b>RI</b> | City <b>Providence</b>   | State <b>RI</b>                    |
| Zip <b>02908</b>  |                 | Zip <b>02908</b>   |                                    |
| 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 <b>Troy Lynda Williams</b>  |                 | Director Name <b>Yvette Banks</b>  |                                    |
| Street Address <b>38 Crandall St.</b>   |                 | Street Address <b>38 Crandall St</b>   |                                    |
| City <b>Providence</b>  | State <b>RI</b> | City <b>Providence</b>   | State <b>RI</b>                    |
| Zip <b>02908</b>  |                 | Zip <b>02908</b>   |                                    |
| Director Name <b>De'Anna Tomlinson</b>  |                 | Director Name <b>Jennifer Stone</b>  |                                    |
| Street Address <b>38 Crandall St</b>  |                 | Street Address <b>38 Crandall St</b>   |                                    |
| City <b>Providence</b>  | State <b>RI</b> | City <b>Providence</b>   | State <b>RI</b>                    |
| Zip <b>02908</b>  |                 | Zip <b>02908</b>   |                                    |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.   |                 |  |                                    |
| <b>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.</b> |                 |  |                                    |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, or Authorized Representative, Receiver or Trustee.</i>                                    |                 |  |                                    |
| Name of Officer/Authorized Representative<br><b>Lionel E Brown Jr</b>   |                 |  | Date<br><b>8/15/2024</b>           |
| Signature of Officer/Authorized Representative<br><i>[Signature]</i>  |                 |  | <b>AUG 15 2024</b><br><b>TR569</b> |

**MAIL TO:**  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov

*[Handwritten initials]*