



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 AUG 15 AM 11:49

1. Entity ID Number 1664218		2. Exact name of the Corporation Church on the Rock Kingdom Cathedral	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island. 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.	
4. NAICS Code 813110			
6. Principal Office Address 38 Crandall St		City Providence	State RI
		Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Lionel E Brown Jr		Vice-President Name Carla Brown	
Street Address 38 Crandall St.		Street Address 38 Crandall St	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
Secretary Name NATASHA DENNIS		Treasurer Name Toby Rayford	
Street Address 38 Crandall St		Street Address 38 Crandall St	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
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 Troy Lynda Williams		Director Name Yvette Banks	
Street Address 38 Crandall St.		Street Address 38 Crandall St	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
Director Name De'Anna Tomlinson		Director Name Jennifer Stone	
Street Address 38 Crandall St		Street Address 38 Crandall St	
City Providence	State RI	City Providence	State RI
Zip 02908		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.			
<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 Lionel E Brown Jr			Date 8/15/2024
Signature of Officer/Authorized Representative <i>[Signature]</i>			AUG 15 2024 TR569

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

[Handwritten initials]