



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2024

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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Amended

1. Entity ID Number 000030245		2. Exact name of the Corporation Restoration Deliverance Temple	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Place of Worship, Christian Faith	
4. NAICS Code 813110			
6. Principal Office Address 1642 Laurel Hill Ave		City Cranston	State RI
		Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ERIC Eugene Perry		Vice-President Name Nancy Perry	
Street Address 1642 Laurel Hill Ave		Street Address Laurel Hill Ave	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Secretary Name Nancy Perry		Treasurer Name Lisa Jackson	
Street Address 1642 Laurel Hill Ave		Street Address 279 New York Ave	
City Cranston	State RI	City Providence	State RI
Zip 02920		Zip 02905	
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 Stephanie Gibson		Director Name Lisa Jackson	
Street Address 25 Fair St		Street Address 279 New York Ave	
City New Bedford	State MA	City Providence	State RI
Zip 02740		Zip 02905	
Director Name Patricia Williams		Director Name Liaott Sutton	
Street Address 1642 Laurel Hill Ave		Street Address 1642 Laurel Hill Ave	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
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 Rev. ERIC E. Perry			Date 8/16/24
Signature of Officer/Authorized Representative <i>Eric E. Perry</i>			

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

AUG 16 2024

BY: *[Signature]*



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

August 16, 2024 12:09 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

