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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: 139899	2. Exact name of the Corporation: Faith Healing Temple of Jesus Christ US
3. State of Incorporation: R.I.	5. Brief description of the character of business conducted in Rhode Island: To assist th Faith Healing Temple of Jesus Christ, in Liberia To assist members in time of Hardship and Children in need
4. NAICS Code: 813110	

6. Principal Office Address: 58 Sandy Town Road.	City: West Kingston	State: R.I.	Zip: 02892

Check the box to indicate an attachment ☐

7. List ALL officers (names and addresses)

President Name: Amy Jones-Collins		Vice-President Name: Mon Stevens	
Street Address: 58 Sand Town Rd		Street Address: 427 N Daggett Street	
City: West Kingston	State: R.I. Zip: 02892	City: Philadelphia	State: PA Zip: 19151
Secretary Name: Wilhelmina Cooper-Billity		Treasurer Name: Alexander R. Brown	
Street Address: 99 Linwood Street		Street Address: 58 Sand Town Rd	
City: Nashua	State: NH Zip: 03060	City: West Kingston	State: Zip:

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.

Check the box to indicate an attachment ☐

Director Name: Bishop Norma Dennis		Director Name: Rev. Charile B. Roberts	
Street Address: 22 Boyd Rd		Street Address: 5123 North 91 Street	
City: Hudson	State: NH Zip: 03051	City: Milwaukee	State: WI Zip: 53225
Director Name: Rev. Francis Sasigbah		Director Name: Bishop Wilmot Dennis	
Street Address: 44 State Street		Street Address: 22 Boyd Rd	
City: Lowell	State: MA Zip: 01852	City: Sharon Hill	State: NH Zip:

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: [signature] Date: 8-19-24

Signature of Officer/Authorized Representative

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 19 2024
BY SAHZ
PJ

FORM 631- Revised: 04/2023