



State of Rhode Island
Department of State - Business Services Division

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25 JAN 6 PM 1:13:08

Annual Report for the year: 2025

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 001698674		2. Exact name of the Corporation GETHSEMANE PRAYER MINISTRY	
3. State of Incorporation PROVIDENCE, RI		5. Brief description of the character of business conducted in Rhode Island Gethsemane is a Prayer Ministry that strengthens and empowers individuals through prayers and spiritual growth.	
4. NAICS Code 813110			
6. Principal Office Address 73 Sunbury Street		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 Annie Johnson		Vice-President Name Joseph Moore	
Street Address 73 Sunbury Street		Street Address 9 Sherman Ave	
City 73 Sunbury Street	State RI	City Cranston	State RI
	Zip 02908		Zip 02920
Secretary Name Comfort Larkey		Treasurer Name Eric Johnson	
Street Address 73 Sunbury Street		Street Address 73 Sunbury Street	
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 Maggie Jentzen		Director Name Mark Johnson	
Street Address 72 Moreland Street		Street Address 73 Sunbury Street	
City Worcester	State MA	City Providence	State RI
	Zip 01609		Zip 02908
Director Name Edith Lamadine		Director Name	
Street Address 24 Handover Street		Street Address	
City Providence	State RI	City	State
	Zip 02907		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative Annie Johnson			Date 01/06/2025
Signature of Officer/Authorized Representative <i>AS Johnson</i>			

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 1.15

JAN 06 2025

FORM 100 - REV 01/12/20

BY BJ ZNG CBR