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25 JAN 6 PM 1:13:03State of Rhode Island
Department of State - Business Services DivisionAnnual 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 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	Zip 02908	City Cranston	State RI	Zip 02920
Secretary Name Comfort Larkey			Treasurer Name Eric Johnson		
Street Address 73 Sunbury Street			Street Address 73 Sunbury Street		
City Providence	State RI	Zip 02908	City Providence	State RI	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	Zip 01609	City Providence	State RI	Zip 02908
Director Name Edith Lamadine			Director Name		
Street Address 24 Handover Street			Street Address		
City Providence	State RI	Zip 02907	City	State	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 10/17/2024
Signature of Officer/Authorized Representative 					

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 1:14

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BY BJZNG

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