



State of Rhode Island
Department of State - Business Services Division

REC'D RI SOS BSC
JAN 10 PM 2:47:21

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.

RI SOS MADE NON-SUBSTANTIVE EDITS

1. Entity ID Number 1740072		2. Exact name of the Corporation POST CHRISTIAN ERA MINISTRIES INC			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island EDUCATIONAL, CHARITABLE, RELIGIOUS, EVANGELISM			
4. NAICS Code 813110					
6. Principal Office Address 9 EAST AVE			City WESTERLY	State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name MARC HARNOIS			Vice-President Name ROBIN HARNOIS		
Street Address 24 CHASE HILL ROAD			Street Address 24 CHASE HILL ROAD		
City ASHAWAY	State RI	Zip 02808	City ASHAWAY	State RI	Zip 02804
Secretary Name MARC HARNOIS (ACTING)			Treasurer Name WENDY KEENLY		
Street Address SAME AS ABOVE			Street Address BOWLING LANE		
City	State	Zip	City BRADFORD	State RI	Zip 02808
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒					
Director Name MARC HARNOIS			Director Name ROBIN HARNOIS		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
City	State	Zip	City	State	Zip
Director Name ROBERT GEILDA			Director Name SANDRA LANDRY		
Street Address HIGH STREET			Street Address GARDINER ROAD		
City WESTERLY	State RI	Zip 02891	City RICHMOND	State RI	Zip 02812
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 MARC HARNOIS				Date 03/18/24	
Signature of Officer/Authorized Representative 				FILED JAN 10 2025 BY ghrh 280 19	

MAIL TO:

Division of Business Services

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