State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
Non-Profit Corporation

RI DOS MADE NON-SUBSTANTIVE EDITS

→ 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	2. Exact name of the Corporation
1790072	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	City	State	Zip
9 EAST AVE	WESTERLY	RI	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.

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		Date
MARC HARNOIS	FILED	**03/18/24**
Signature of Officer/Authorized Representative	JAN 10 2025 BY GHRH9 249 KJ	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 12/2023