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State of Rhode Island
Department of State - Business Services Division

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: 000026117	2. Exact name of the Corporation: All Nations Church Of God In Christ
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Religious Worship and Christian Education
4. NAICS Code: 813110	

6. Principal Office Address: 531 Fairmount Street	City: Woonsocket	State: R.I	Zip: 02895

Check the box to indicate an attachment ☐

7. List ALL officers (names and addresses)

President Name: Otis T. Vance				Vice-President Name:			
Street Address: 12 Bridgham Street unit 1				Street Address:			
City: Providence	State: R.I	Zip: 02907		City:	State:	Zip:	
Secretary Name: Darlene Vance				Treasurer Name: Denise Vance			
Street Address: 12 Bridgham Street unit 1				Street Address: 97 Cady Street			
City: Providence	State: R.I	Zip: 02907		City: Woonsocket	State: R.I	Zip: 02895	

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

Check the box to indicate an attachment ☐

Director Name: Bennie Washington				Director Name: Ethel Gaffney			
Street Address: 582 Blackstone Street				Street Address: 19 Pine street			
City: Woonsocket	State: R.I.	Zip: 02895		City: Woonsocket	State: R.I	Zip: 02895	
Director Name: Clara Gaffney				Director Name:			
Street Address: 15 knight Street				Street Address:			
City: Woonsocket	State: R.I.	Zip: 02895		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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

FILED

Name of Officer/Authorized Representative: Otis T. Vance — JAN 13 2025 — Date: 1/13/2025

Signature of Officer/Authorized Representative: Otis T. Vance — BY 7759W PJ

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: 04/2023