



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.

REC'D RIDOS BSD
25 JAN 13 PM 12:25:01

1. Entity ID Number <u>000026117</u>		2. Exact name of the Corporation <u>All Nations Church Of God In Christ</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Religious Worship and Christian Education</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>531 Fairmount Street</u>		City <u>Woonsocket</u>	State <u>R.I.</u> Zip <u>02895</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Otis T. Vance</u>		Vice-President Name	
Street Address <u>12 Bridgham Street, Unit 1</u>		Street Address	
City <u>Providence</u>	State <u>R.I.</u>	City	State Zip
Secretary Name <u>Darlene Vance</u>		Treasurer Name <u>Denise Vance</u>	
Street Address <u>12 Bridgham Street, unit 1</u>		Street Address <u>97 Lady Street</u>	
City <u>Providence</u>	State <u>R.I.</u>	City <u>Woonsocket</u>	State <u>R.I.</u> Zip <u>02895</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Bennie Washington</u>		Director Name <u>Ethel Gaffney</u>	
Street Address <u>582 Blackstone Street</u>		Street Address <u>19 Pine Street</u>	
City <u>Woonsocket</u>	State <u>R.I.</u>	City <u>Woonsocket</u>	State <u>R.I.</u> Zip <u>02895</u>
Director Name <u>Clara Gaffney</u>		Director Name	
Street Address <u>15 Knight Street</u>		Street Address	
City <u>Woonsocket</u>	State <u>R.I.</u>	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.			
Name of Officer/Authorized Representative <u>Otis T. Vance</u>		Date <u>1/13/2025</u>	
Signature of Officer/Authorized Representative <u>Otis T. Vance</u>		BY <u>7759W</u>	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 04/2023