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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.

<b>1. Entity ID Number</b> 000027245	<b>2. Exact name of the Corporation</b> Rhode Island <b>3. State of Incorporation</b> Rhode Island <b>4. NAICS Code</b> 813110 <b>5. Brief description of the character of business conducted in Rhode Island</b> Religious Worship Christian Education Evangelistic Outreach and Fundraising			
<b>6. Principal Office Address</b> 531 Fairmount St.		<b>City</b> Woonsocket	<b>State</b> R.I.	<b>Zip</b> 02894
<b>7. List ALL officers (names and addresses)</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
<b>President Name</b> Roland Joyner <b>Street Address</b> 4685 Juliette Trace <b>City</b> Atlanta <b>State</b> GA <b>Zip</b> 30349		<b>Vice-President Name</b> <b>Street Address</b> <b>City</b> <b>State</b> <b>Zip</b>		
<b>Secretary Name</b> <b>Street Address</b> <b>City</b> <b>State</b> <b>Zip</b>		<b>Treasurer Name</b> <b>Street Address</b> <b>City</b> <b>State</b> <b>Zip</b>		
<b>8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
<b>Director Name</b> Jacquelyn Linsey Wynn <b>Street Address</b> 3613 Scruggs Place <b>City</b> Springfield <b>State</b> MD <b>Zip</b> 20774		<b>Director Name</b> Quintin Nard <b>Street Address</b> 224 Summer Street <b>City</b> Woonsocket <b>State</b> R.I. <b>Zip</b> 02894		
<b>Director Name</b> Winona Jones <b>Street Address</b> 5601 2nd Street NE Apt. 1B <b>City</b> Washington <b>State</b> DC <b>Zip</b> 20011		<b>Director Name</b> Otis T. Vance <b>Street Address</b> 12 Bridgman St. Unit 1 <b>City</b> Providence <b>State</b> R.I. <b>Zip</b> 02907		
<b>9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.</b>				
<b>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.</b>				
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, or Authorized Representative, Receiver or Trustee.				
<b>Name of Officer/Authorized Representative</b> Otis T. Vance			<b>Date</b> 1/13/2025	
<b>Signature of Officer/Authorized Representative</b> Otis T. Vance			JAN 13 2025 BY TSVW	

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