



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 <u>001738123</u>		2. Exact name of the Corporation <u>Yahweh's Temple of Victory & Praise</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Church</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>137 Briggs St</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Yvette Banks</u>		Vice-President Name	
Street Address <u>137 Briggs St</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State Zip
Secretary Name <u>Sheniquia Richards</u>		Treasurer Name	
Street Address <u>137 Briggs St</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State Zip
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>Yvette Banks</u>		Director Name <u>Sheniquia Richards</u>	
Street Address <u>137 Briggs St</u>		Street Address <u>Same as Above</u>	
City <u>Providence</u>	State <u>RI</u>	City	State Zip
Director Name <u>Charles Banks</u>		Director Name	
Street Address <u>Same as Above</u>		Street Address	
City	State	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>Yvette Banks</u>			Date
Signature of Officer/Authorized Representative <u>Yvette Banks</u>			<u>1/15/25</u>

FILED

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

JAN 15 2025
BY 5149N
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FORM 631- Revised: 6/2023