



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation

Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2025: 2025**

1. Corporate ID No. 001702755

2. Name of Corporation Transformation Worship Center, Inc.

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813110

4. Principal Office Address

No. and Street: 193 FINCH AVE

City or Town: NORTH PROVIDENCE

State: RI Zip: 02904 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

SAID CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. THE SPECIFIC PURPOSE OF THIS CORPORATION IS TO BE AN ACTIVE BIBLICALLY BASED ORGANIZATION OF BELIEVERS UNITED FOR THE OPERATION OF SPREADING THE GOSPEL, ENCOURAGING, EDIFYING, AND ADVANCING THE

KINGDOM OF GOD.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	HANCE PHILIPPE	193 FINCH AVE NORTH PROVIDENCE, RI 02904 USA
TREASURER	SILVIA MEDINA	38 COUNTY STREET BLACKSTONE, MA 01504 USA
DIRECTOR	BELINDA PHILIPPE	193 FINCH AVE NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	JARRETT REESE	424 SMITHFIELD AVE PAWTUCKET, RI 02860 USA
DIRECTOR	ALLIA REESE	424 SMITHFIELD AVE PAWTUCKET, RI 02860 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

HANCE PHILIPPE 193 FINCH AVENUE NORTH PROVIDENCE , RI 02904

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

Signed this 21 Day of January, 2025 at 8:18:31 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By HANCE PHILIPPE
Signature of Authorized Person

Form No. 631
Revised 09/07