RI SOS Filing Number: 202564671300 Date: 2/6/2025 4:00:00 PM



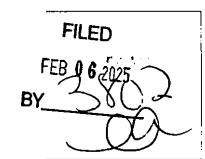
## State of Rhode Island Department of State - Business Services Division

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 000136276	2. Exact name of the Corporation CENTER OF PRAISE CHURCH OF GOD				
3. State of Incorporation Rhode Island  4. NAICS Code 813110	5. Brief description of the character of business conducted in Rhode Island To train pastors, evangelist, and teachers, to handle the task of preparing men and women for the work of the kingdom of God.				
6. Principal Office Address 1525 Smith Street, Suite 9 Rear			City North-Providence	State RI	Zip 02908
7. List ALL officers (names and add	lresses)	Check the	box to indicate an at	ttachment	
President Name Morris S. Bryant			Vice-President Name None		
Street Address 59 Rankin Avenue			Street Address		
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02908	City	State	Zip
Secretary Name Nahdee Sharpe			Treasurer Name Melissa Fernandes		
Street Address 315 Aqueduct Road			Street Address 223 Point Avenue, Apt. 2		
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02910	<sup>City</sup> Warwick	State RI	<u>ชี</u> 2889
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Director Name Bendu J. Comel	าก	• •	Director Name Felicia Wisseh-Bryant		
Street Address 1066 Roosevelt Avenue			Street Address 59 Rankin Avenue		
City Pawtucket	State RI	<sup>Zip</sup> 02861	City Providence	State RI	<sup>Zip</sup> บ29บช
Director Name Jemima K. Bryant			Director Name Stacey Brown-Bromfield		
Street Address 315 Aqueduct Road			Street Address 118 Bablock Street		
City Cranston	State RI	<sup>Zip</sup> 02910	<sup>City</sup> Providence	State RI	ชี2905
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				Date	
Bishop Morris S. Bryant				02/02/2025	
Signature of Officer/Authorized Representative					

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov