



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.

FILED

FEB 06 2025

BY

1. Entity ID Number 000136276		2. Exact name of the Corporation CENTER OF PRAISE CHURCH OF GOD			
3. State of Incorporation Rhode Island		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.			
4. NAICS Code 813110					
6. Principal Office Address 1525 Smith Street, Suite 9 Rear			City North-Providence	State RI	Zip 02908
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Morris S. Bryant			Vice-President Name None		
Street Address 59 Rankin Avenue			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Nahdee Sharpe			Treasurer Name Melissa Fernandes		
Street Address 315 Aqueduct Road			Street Address 223 Point Avenue, Apt. 2		
City Cranston	State RI	Zip 02910	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Bendu J. Comehn			Director Name Felicia Wisseh-Bryant		
Street Address 1066 Roosevelt Avenue			Street Address 59 Rankin Avenue		
City Pawtucket	State RI	Zip 02861	City Providence	State RI	Zip 02908
Director Name Jemima K. Bryant			Director Name Stacey Brown-Bromfield		
Street Address 315 Aqueduct Road			Street Address 118 Bablock Street		
City Cranston	State RI	Zip 02910	City Providence	State RI	Zip 02905
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<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>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Bishop Morris S. Bryant</b>				Date <b>02/02/2025</b>	
Signature of Officer/Authorized Representative					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov