

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**: <u>2025</u>

- 1. Corporate ID No. <u>000146882</u>
- 2. Name of Corporation Joy Fellowship Assembly of God, 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 <u>click here.</u>

NAICS Code

813110

4. Principal Office Address

No. and Street: 17 BOWLING LANE

City or Town: BRADFORD State: RI Zip: 02808 Country: USA

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

PLACE OF WORSHIP

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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

TREASURER	LAURA WILCOX	4 MIRANDA DRIVE WEST KINGSTON, RI 02892 USA
DIRECTOR	AMY HOLBROOK	4066 SOUTH COUNTY TRAIL CHARLESTOWN, RI 02813 USA
PRESIDENT	MARK BENSON	107B DIAMOND HILL ROAD BRADFORD, RI 02808 USA
DIRECTOR	JARID CARVALOHO	75 BOWLING LANE BRADFORD, RI 02808 USA
DIRECTOR	DAVID GEER	40 ARCADIA RD HOPE VALLEY, RI 02832 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

MARK BENSON 2 NARRAGANSETT AVENUE WESTERLY, RI 02891

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

Signed this 17 Day of February, 2025 at 3:03:00 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 MARK BENSON

Signature of Authorized Person

Form No. 631 Revised 09/07

© 2007 - 2025 State of Rhode Island All Rights Reserved