



State of Rhode Island
Department of State - Business Services Division

REC'D RIBOS BSD
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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>000790121</u>		2. Exact name of the Corporation <u>Church of the Living God's Mission</u>	
3. State of Incorporation <u>PROVIDENCE RHODE ISLAND</u>		5. Brief description of the character of business conducted in Rhode Island <u>(Church of the Living) God Mission Teach and reach the world of God's Helps with spiritual needs here and abroad.</u>	
4. NAICS Code <u>813010</u>			
6. Principal Office Address <u>20 WESTFIELD STREET</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
		Zip <u>02907</u>	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>EROLD JEAN BAPTISTE</u>		Vice-President Name <u>Marie T. J. Baptiste</u>	
Street Address <u>9 SABRA STREET</u>		Street Address <u>9 SABRA ST</u>	
City <u>CRANSTON</u>	State <u>RI</u>	City <u>CRANSTON</u>	State <u>RI</u>
Zip <u>02910</u>		Zip <u>02910</u>	
Secretary Name <u>NOBEL JEUDY</u>		Treasurer Name <u>JEANTY ROMAIN</u>	
Street Address <u>255 WALDO STREET</u>		Street Address <u>255 WALDO STREET</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02907</u>		Zip <u>02907</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>EROLD JEAN BAPTISTE</u>		Director Name <u>ANNE ROMAIN</u>	
Street Address <u>9 SABRA STREET</u>		Street Address <u>255 WALDO ST</u>	
City <u>CRANSTON</u>	State <u>RI</u>	City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02910</u>		Zip <u>02907</u>	
Director Name <u>Marie T. Jean Baptiste</u>		Director Name <u>Marie Paul Jeudy</u>	
Street Address <u>255 WALDO ST</u>		Street Address <u>255 WALDO ST</u>	
City <u>CRANSTON</u>	State <u>RI</u>	City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02910</u>		Zip <u>02907</u>	
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>EROLD J BAPTISTE</u>			Date <u>02/14/2025</u>
Signature of Officer/Authorized Representative <u>[Signature]</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

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