RI SOS Filing Number: 202566475870 Date: 2/24/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
FEB 24 2025
BY 1484

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 000335864	2. Exact name of the Corporation Liberian Ministerial Fellowship of Rhode Island
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island We do non-profit service/ assistances to Liberians and minority in the Providence area, its surrounding, and Liberia.
4. NAICS Code 813110	

6. Principal Office Address	City	State	Zip
134 Bridgham	Providence	RI	02909

7. List ALL officers (names and addresses) Check the box to indicate an attachment: ☐

President Name George S. Farley, Sr.			Vice-President Name Louise S. Ireland		
Street Address 74 Portland Street			Street Address 194 Salina Street		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02908
Secretary Name None			Treasurer Name Ezekiel S. Parkar		
Street Address			Street Address 209 East Street, Apt. #2		
City	State	Zip	City Pawtucket	State RI	Zip 02860

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name Matthew N. Kai			Director Name Morris S. Bryant		
Street Address 131 Clay Street			Street Address 59 Rankin Avenue		
City Pawtucket	State RI	Zip 02860	City Providence	State RI	Zip 02908
Director Name Jemima K. Bryant			Director Name None		
Street Address 315 Aqueduct Road			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip

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	**02/03/2025**

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.ri.gov

FORM 631- Revised 12/2023