



State of Rhode Island
Department of State - Business Services Division

REC'D RHODES BSD
25 MAR 5 PM 12:34:07

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>28943</u>		2. Exact name of the Corporation <u>CHURCH of GOD IN Christ JESUS INC.</u>	
3. State of Incorporation <u>RHODE ISLAND</u>		5. Brief description of the character of business conducted in Rhode Island <u>RELIGIOUS</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>145 - SALINA ST</u>		City <u>PROV'DENCE</u>	State <u>R.I.</u> Zip <u>02908</u>
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <u>MORRIS GRIFFIN</u>		Vice-President Name <u>CHESTER L. DEWITT Sr.</u>	
Street Address <u>4137 - GRANITE FALLS LANE</u>		Street Address <u>145 - SALINA ST.</u>	
City <u>LOGANVILLE</u>	State <u>G.A.</u>	City <u>PROV'DENCE</u>	State <u>R.I.</u> Zip <u>02908</u>
Secretary Name <u>TOMMY JONES</u>		Treasurer Name	
Street Address <u>37 - ROSNER ST.</u>		Street Address	
City <u>NORTH PROVIDENCE</u>	State <u>R.I.</u>	City	State Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name <u>MORRIS GRIFFIN</u>		Director Name <u>CHESTER L. DEWITT Sr.</u>	
Street Address <u>4137 GRANITE FALLS LANE</u>		Street Address <u>145 SALINA ST.</u>	
City <u>LOGANVILLE</u>	State <u>G.A.</u>	City <u>PROV'DENCE</u>	State <u>R.I.</u> Zip <u>02908</u>
Director Name <u>TOMMY JONES</u>		Director Name	
Street Address <u>37 ROSNER ST.</u>		Street Address	
City <u>NORTH PROVIDENCE</u>	State <u>R.I.</u>	City	State Zip <u>02904</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>CHESTER L. DEWITT Sr.</u>			Date <u>3-5-25</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

MAR 05 2025
BY PDV

FORM 631- Revised 12/2023