RI SOS Filing Number: 202567231880 Date: 3/17/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

RECD RIDOS 3SD '25 MAR 17 PM 12:47:03

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	2. Exact name of the Corporation
72960	GRAIN COAST MINISTRIES INC.
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: Providing Spiritual Support Advocating for Reconciliation - Among Laborers
4. NAICS Code: 813211	

6. Principal Office Address	City	State	Zip
711 PARK AVE	CRANSTON	RI	02910

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

President Name	Vice-President Name
Bishop Philip E. Nelson	Rev. MARY B. Nelson
Street Address: 359 Carpenter St apt 117	Street Address: The Park A 359 Carpenter apt 117
City: Providence State: RI Zip: 02909	City: Providence State: RI Zip: 02909
Secretary Name	**Treasurer Name**
Rev. MARY B. Nelson	TERRAH C. GOWEN
Street Address: 359 Carpenter St # 117	Street Address: 225 Baker St
City: Providence State: RI Zip: 02909	City: Providence State: RI Zip: 02907

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

Director Name	Director Name
Rev. MARY B. Nelson	ZENAS T. Howard
Street Address: 359 Carpenter St # 117	Street Address: 260 Smithfield Ave
City: Providence State: RI Zip: 02909	City: Pawtucket State: RI Zip:
Director Name: THEALeah DUPUY	Director Name
Street Address: 108 Ethan St	Street Address
City: providence State: RI Zip: 02909	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 Philip Nelson III	3-17-2025

Signature of Officer/Authorized Representative: Mary B. Nelson

FILED
MAR 17 2025
BY TSTON AA.

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