



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2025

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RHODES 350
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1. Entity ID Number 72960		2. Exact name of the Corporation 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 LIBERATION	
4. NAICS Code 813211			
6. Principal Office Address 711 PARK AVE		City CRANSTON	State RI Zip 02910
7. List ALL officers (names and addresses) ☐ Check the box to indicate an attachment			
President Name BISHOP PHILIP E. NELSON		Vice-President Name REV. MARY B. NELSON	
Street Address 359 CARPENTER ST apt 117		Street Address In Park A 359 Carpenter St apt 117	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02909		Zip 02909	
Secretary Name REV. MARY B. NELSON		Treasurer Name TERESA C. GOWEN	
Street Address 359 Carpenter St #117		Street Address 225 Baker St	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02909		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 REV. MARY B. NELSON		Director Name ZENAS T. HOWARD	
Street Address 359 Carpenter St #117		Street Address 260 Smithfield Ave	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02909		Zip 02909	
Director Name THEALEAH DUOPU		Director Name	
Street Address 108 E Han St		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02909		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 BISHOP PHILIP NELSON			Date 3-17-2025
Signature of Officer/Authorized Representative Mary B. Nelson			

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 17 2025
BY T316N AA.