



State of Rhode Island  
Department of State - Business Services Division

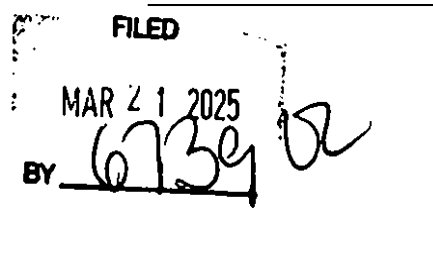
Annual Report for the year: 2025

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 <b>98219</b>		2. Exact name of the Corporation <b>The Solid Rock Church of the Assemblies of God</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Church</b>			
4. NAICS Code <b>813110-Religious Orgar</b>					
6. Principal Office Address <b>1753 Phenix Avenue</b>		City <b>Cranston</b>		State <b>RI</b>	Zip <b>02921</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Rev. Shawn Lee</b>			Vice-President Name		
Street Address <b>44 Deerfield Drive</b>			Street Address		
City <b>Oneco</b>	State <b>CT</b>	Zip <b>06373</b>	City	State	Zip
Secretary Name <b>Carmen Fields</b>			Treasurer Name <b>Maureen Vega</b>		
Street Address <b>70 Trellis Drive</b>			Street Address <b>5137 Flat River Road</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02827</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Trevor Andrews</b>			Director Name <b>Maria Melendez</b>		
Street Address <b>100 Benefit Street</b>			Street Address <b>126 Salem Avenue</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Director Name <b>Kenneth Amorggi</b>			Director Name		
Street Address <b>501 Woodhaven Court</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641					
<b>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.</b>					
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 <b>Maureen Vega</b>				Date <b>03/18/2025</b>	
Signature of Officer/Authorized Representative <i>Maureen Vega</i>					

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)