



State of Rhode Island  
Department of State - Business Services Division

FILED

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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>001675977</b>		2. Exact name of the Corporation <b>TABERNACLE MINISTRIES, INC</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>CHURCH AND FAITH BASED ACTIVITIES</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>628 UNION AVENUE</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02909</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>JAMES W KEITH</b>		Vice-President Name <b>GEORGEANNE KEITH</b>	
Street Address <b>70 RALPH STREET</b>		Street Address <b>70 RALPH STREET</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02909</b>		Zip <b>02909</b>	
Secretary Name <b>EVELYN STANLEY</b>		Treasurer Name <b>PAMELIA BIRD</b>	
Street Address <b>17 BYRON STREET</b>		Street Address <b>14 NIMITZ DRIVE</b>	
City <b>N PROVIDENCE</b>	State <b>RI</b>	City <b>RUMFORD</b>	State <b>RI</b>
Zip <b>02911</b>		Zip <b>02914</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>ROBERT STANLEY</b>		Director Name <b>BEVERLY MILLS</b>	
Street Address <b>17 BYRON AVENUE</b>		Street Address <b>993 MANTON AVENUE #104</b>	
City <b>N PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02911</b>		Zip <b>02909</b>	
Director Name <b>ERIC BROWN</b>		Director Name	
Street Address <b>38 NEWLIGHT STREET</b>		Street Address	
City <b>PROVIDENCE</b>	State <b>RI</b>	City	State
Zip <b>02883</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<i>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.</i>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <b>JAMES W KEITH</b>			Date <b>3/7/2025</b>
Signature of Officer/Authorized Representative <i>James Keith</i>			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)