RI SOS Filing Number: 202570455190 Date: 4/11/2025 4:00:00 PM

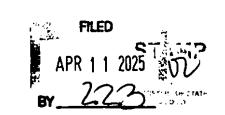


State of Rhode Island Department of State - Business Services Division

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.



4 First (D.N.)	· · · · · · · · · · · · · · · · · · ·	`					
1. Entity ID Number	2. Exact name of the Corporation						
46923	Paul Lawrence Ministries						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	Religious						
4. NAICS Code							
813110 Religious							
	<u> </u>				_		
6. Principal Office Address			City	State	Zip		
178 Gray St			Providence	RI	02909		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Rev. Danapaul Lawrence			Vice-President Name Mr. Steven Martins				
Street Address 178 Gray St			Street Address 10 Summer Dr.				
^{City} Providence	State RI	^{Zip} 02909	City Seekonk	State MA	Zip 02771		
Secretary Name Mrs. Janet Lav					1		
Street Address 178 Gray St			Street Address 178 Gray St				
City Providence	State RI	^{Zip} 02909	City Providence	State RI	Zip 02909		
8. List ALL directors (names and ac	idresses). Ri Corp	orations MUST lis		L	102000		
Check the box to indicate an attachment							
Director Name Rev. Danapaul Lawrence			Director Name Mr. Steven Martins				
Street Address 178 Gray St			Street Address 10 Summer Dr.				
^{City} Providence	State RI	^{Zip} 02909	^{City} Seekonk	State MA	Zip 02771		
Director Name Mrs. Janet Lawrence			Director Name None				
Street Address 178 Gray 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							
Janet Lawrence				417/2025			
Signature of Officer/Authorized Representative							
Lanet Laurence							
MAIL TO:							

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov