



**State of Rhode Island
Department of State - Business Services Division**

REC'D RI006 BSO
25 JUL 31 PM 3:57:42

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 000030435		2. Exact name of the Corporation True Holiness Church in Christ Jesus	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To establish a Biblical Christian church with a school of the Bible department and with a missionary outreach and departments that is deemed useful to propagate and practice the full Gospel of the Lord Jesus Christ and for its service to the community	
4. NAICS Code 813110			
6. Principal Office Address 788 Eddy St.		City Providence	State R.I.
		Zip 02905	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name S Kwame Rice		Vice-President Name Carrie Beecham	
Street Address 3900 Post Road Apt. 309		Street Address 188 1/2 Eddy St.	
City Warwick	State R.I.	City Providence	State R.I.
Zip 02886		Zip 02905	
Secretary Name Shelah K. Rice		Treasurer Name Joanne Dalosta	
Street Address 59 Aberdeen St		Street Address 3900 Post Road # 309	
City Warwick	State RI	City Warwick	State R.I.
Zip 02886		Zip 02886	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Prince Reid		Director Name David Hackett	
Street Address 77 Dixwell St.		Street Address 850 Wampanoag Apt. 106	
City Cranston	State R.I.	City East Providence	State R.I.
Zip 02910		Zip 02914	
Director Name Bishop Gerald Nelson		Director Name Elder Efram Grossett	
Street Address 12 Rector Road		Street Address 555 Veasie St. Apt. 106	
City Mattapan	State M.A.	City Providence	State R.I.
Zip		Zip 02904	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, ^{FILED} Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative S Kwame Rice		Date JUL 31 2025	07/31/2025
Signature of Officer/Authorized Representative <i>S Kwame Rice</i>		BY 75935 KS	

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