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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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	2. Exact name of the Corporation
520320	Bethel World outreach Church
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Preaching and teaching the word of God historically to our communities and others.
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
20 Westfield St	Providence	RI	02907

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Patricia Marbey	Lynette Marbey
Street Address: 57 Stansbury St	Street Address: 215 Wyandotte Rd
City: Providence State: RI Zip: 02908	City: Fairless Hill State: PA Zip: 19030
Secretary Name: Julius Oghogho	**Treasurer Name:** Patricia Marbey
Street Address: 146 Walnut Street	Street Address: 57 Stansbury St
City: Croydon State: RI Zip: 02910	City: Providence State: RI Zip: 02908

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Enold Bapiste	George Grardia
Street Address: 9 Sabra St	Street Address: N. Main Street #16
City: Cranston State: RI Zip: 02910	City: Greensboro State: NC Zip: 27214
Director Name: Julius Oghogho	**Director Name:**
Street Address: 146 Walnut Street	Street Address:
City: Croydon State: PA Zip: 11027	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
P. Marbey Patricia Marbey FILED	8/4/2025
Signature of Officer/Authorized Representative	
P. Marbey	

AUG X 4 2025
BY KKDJ2
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised. 12/2023