



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.

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1. Entity ID Number 520320		2. Exact name of the Corporation 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 20 Westfield St		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Patricia Marbey		Vice-President Name Lynette Marbey	
Street Address 57 Stansbury St		Street Address 215 Wyandotte Rd	
City Providence	State RI	City Fairless Hill	State PA
Zip 02908		Zip 19030	
Secretary Name Julius Oghogho		Treasurer Name Patricia Marbey	
Street Address 146 Walnut Street		Street Address 57 Stansbury St	
City Croydon	State RI	City Providence	State RI
Zip 02910		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 Errol Baptiste		Director Name George Guardia	
Street Address 9 Sabra St		Street Address N. Main Street #16	
City Cranston	State RI	City Greensboro	State NC
Zip 02910		Zip 27414	
Director Name Julius Oghogho		Director Name	
Street Address 146 Walnut Street		Street Address	
City Croydon	State PA	City	State
Zip 11027		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 P. Marbey Patricia Marbey			Date 8/4/2025
Signature of Officer/Authorized Representative P. Marbey			

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

AUG 4 2025
BY **KKDJ2**
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