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R.I. DEPT. OF STATE
BUS SVCS DIV



State of Rhode Island
Department of State - Business Services Division

2022 MAR - 4 P 2:11

Annual Report for the year: 2021
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 520320		2. Exact name of the Corporation Bethel World Outreach Church Providence - RI	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Teaching the good news of the Gospel of Christ to improve our communities	
4. NAICS Code 813110			
6. Principal Office Address 20 Westfield Street		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
President Name Patricia Marbey		Vice-President Name Pastor Lynette Marbey	
Street Address 57 Stansbury Street		Street Address 135 South Harding Ave.	
City Providence	State RI	City Morrisville	State PA
	Zip 02908		Zip 179067
Secretary Name Hannah Sorlah		Treasurer Name Patricia Marbey	
Street Address 18 Dora Street		Street Address 57 Stansbury St	
City Providence	State RI	City Providence	State RI
	Zip 02909		Zip 02908
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 Julius Oghoaho		Director Name Erol Baptiste	
Street Address 146 Walnut Street		Street Address 9 Sabra St	
City Croydon	State PA	City Cranston	State RI
	Zip 19021		Zip 02910
Director Name George Gardia		Director Name	
Street Address N. Main Street #16		Street Address	
City Greensboro	State NC	City	State
	Zip 27214		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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Patricia Marbey		Date 3/4/2022	
Signature of Officer/Authorized Representative P Marbey		FILED	

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

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BY [Signature] P7YVF
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