



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

Annual Report for the year: 2022
Non-Profit Corporation

2022 MAY -4 P 12:55 STAMP

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <u>28958</u>		2. Exact name of the Corporation <u>Church of God and Saints of Christ, First Tabernacle</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>House of Worship, Church non-profit, religious worship and support of the congregants.</u>	
4. NAICS Code <u>813110-religious</u>			
6. Principal Office Address <u>P.O. BOX 23235</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02903</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Alexandrea Brown</u>		Vice-President Name <u>Frank A. Houser</u>	
Street Address <u>173 Whitmarsh St. FLR 2</u>		Street Address <u>19 Henry St. 2nd floor</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>E. Providence</u>
			State <u>RI</u>
			Zip <u>02914</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
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 <u>Alexandrea Brown</u>		Director Name <u>Frank A. Houser</u>	
Street Address <u>173 Whitmarsh St #2</u>		Street Address <u>19 Henry St. 2nd floor</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>East Providence</u>
			State <u>RI</u>
			Zip <u>02914</u>
Director Name		Director Name <u>David Ellis</u>	
Street Address		Street Address <u>50 cliffdale ave</u>	
City	State	Zip	City <u>Cranston</u>
			State <u>RI</u>
			Zip <u>02905</u>
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 <u>Alexandrea Brown</u>			Date <u>5/4/2022</u>
Signature of Officer/Authorized Representative <u>Alexandrea Brown</u>			

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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

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BY ESG88
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