



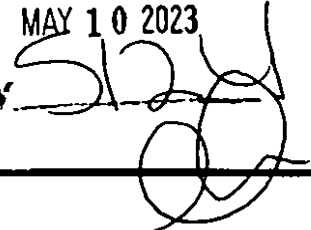
**State of Rhode Island
Department of State - Business Services Division**

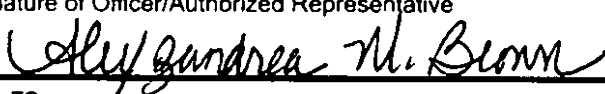
FILED

Annual Report for the year: 2023
Non-Profit Corporation

MAY 10 2023

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

BY 

1. Entity ID Number 28958		2. Exact name of the Corporation CHURCH OF GOD and Saints of Christ, First TABERNACLE			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island HOUSE OF WORSHIP, CHURCH non profit, RELIGIOUS WORSHIP AND SUPPORT OF CONGRAGANTS.			
4. NAICS Code 813110-RELIGIOUS					
6. Principal Office Address <small>(PHYSICAL ADDRESS OF CHURCH)</small> 173 WHITMARSH ST (MAIN) 105 DODGE STREET, P.O BOX 23235 (ALT)		City PROVIDENCE	State RI	Zip 02907	
		PROVIDENCE	RI	02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALEXANDREA BROWN		Vice-President Name FRANK A. HOUSEN			
Street Address 173 WHITMARSH STREET #2		Street Address 19 HENRY STREET #2			
City PROVIDENCE	State RI	Zip 02907	City EAST PROVIDENCE	State RI	Zip 02914
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 ALEXANDREA BROWN		Director Name FRANK HOUSEN			
Street Address 173 WHITMARSH STREET #2		Street Address 19 HENRY ST #2			
City PROVIDENCE	State RI	Zip 02907	City EAST PROVIDENCE	State RI	Zip 02914
Director Name DAVID ELLIS		Director Name			
Street Address 50 CLIFFDALE AVE		Street Address			
City CRAVSTON	State RI	Zip 02905	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.					
<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 ALEXANDREA BROWN				Date May 1 2023	
Signature of Officer/Authorized Representative 					

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