



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Non-Profit Corporation

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- 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 <b>520320</b>	2. Exact name of the Corporation <b>Bethel world outreach Church</b>
3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island <b>Preaching and teaching the word of God holistically to our communities and others.</b>
4. NAICS Code <b>813110</b>	

6. Principal Office Address <b>20 Westfield St.</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
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7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
President Name <b>Patricia Marbey</b>				Vice-President Name <b>Lynette Marbey</b>			
Street Address <b>57 Stansbury St</b>				Street Address <b>215 Wyandotte Rd</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Fairless Hill</b>	State <b>PA</b>	Zip <b>19030</b>		
Secretary Name <b>Julius Oghogho</b>				Treasurer Name <b>Patricia Marbey</b>			
Street Address <b>146 Walnut Street</b>				Street Address <b>57 Stansbury St</b>			
City <b>Croydon</b>	State <b>PA</b>	Zip <b>19021</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>		

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name <b>Erold d. Baptiste</b>				Director Name <b>George Guardia</b>			
Street Address <b>9 Sabra St</b>				Street Address <b>N. Main Street #16</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Greensboro</b>	State <b>NC</b>	Zip <b>27214</b>		
Director Name <b>Julius Oghogho</b>				Director Name			
Street Address <b>146 Walnut Street</b>				Street Address			
City <b>Croydon</b>	State <b>PA</b>	Zip <b>11027</b>	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 <b>P. Marbey Patricia Marbey</b>	Date <b>6/15/2023</b>
Signature of Officer/Authorized Representative <b>P. Marbey</b>	

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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