

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2014

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the Corporation	· · · · · · · · · · · · · · · · · · ·	
TO(21/	thairs 1 lans	t-21 10 101	a / +4 11 11
3. State of Incorporation	4. Brief description of the character of	110001 ChU2 business conducted in Bhode Island	Pch of the Holly spiri
	- 1	passion seriamental (11 tillogo loiatia	
trolldonc7	Church		
5. Principal office address	TO	City Riverside	State Zip O2915
6 LIST ALL OFFICERS (NAMES	AND ADDRESSES) ("X" BOX FOR A	1 / 10C/ - 10 C	161 100915
President Name	Objected	Vice-President Name	100 L DR
Street Address	ONCOVI	Street Address	UARdaPIAMOS
50 GARden	De	50 GARBORN	DR
Piverside	RT 02915	City Riverside	RI 02915
Secretary Name	'ampos	Treasurer Name	UL7
Street Address 11 Alem Aut)	Street Address	1 ant
	State Zip	City Pla 91	State Zip 02908
7. LIST ALL DIRECTORS (NAME	S AND ADDRESSES). RHODE ISLAN	ND CORPORATIONS MUST LIST NO	LESS THAN THREE (3) DIRECTORS
Cirector Name Director Name			
BRUNIDA SI	DhnSon	Hector A	OVAROAPPAMOS
Street Address	DR	Street Address 50 Garden	DR
	State T B2915	- City Drecido	State Zip
Director Name	AM 705	Director Name	
Street Address	6VV1109	Street Address	A PE
HAlen au	01-1-		30 RAR
W. Pros.	State Zip 2911	City	State Zip
8. REGISTERED AGENT IN RHO			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641. This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver			
or Trustee			
		Under penalty of perium I deals	are and affirm that I have examined
File Date		this report, including any accor	npanying schedules and statements,
Check No	FILED	and that all statements contained	serverein are true and correct.
By:	JAN 3 U 201		1/30/15
FOR SECRETARY OF STATE U		Signature of Officer or Authorized	Representative / Date
	BY KLC4719	YUBEVAILED JOI	MSON
Form No. 631 Revised: 04/2014	C47190	Type Name of Officer or A	utnorized Hepresentative
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