

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007 401.2.

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 2. Name of Corporation			(Kindin /-0-91) is subject	
0000 31358 River point Co	ongregation	al Church		
RI 75 Provide of	Sireet Midress Ce Street	City	2ip	
5. Foreign corporation. Enter principal office address	City	State	Warwiek 02893	
6. Brief Description of the character of the affairs which are actually conducte	d in Rhode Island			
Religion				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX F	OR ATTACHMENT) 🔲 FILL	. IN SPACES BEFORE US	SING ATTACHMENTS	
Lawrence R Leonard	Vice President Na	Vice President Name		
Street Address 80 Shady Hill Drive	Street Address			
City State Zip	393 Gity	State	Zip	
Secretary Name	Treasurer Name			
Street Address	Street Address			
City State 77th	Sweet Address			
State Zip	City	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX	FOR ATTACHMENT) FILL	. IN SPACES BEFORE US	SING ATTACHMENTS	
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE I	SLAND) CORPORATION Director Name	SHALL NOT BE LESS T	HAN THREE (3). R.I.G.L. 7-6-23	
Street Address	Ja	mes Bek	anger	
80 Shady Hill Drive	Street Address	Teckused	Drive West	
City State RT Zip 030	City	State	JE WEST	
Director Name Sanda M 1 3 mark	Director Name	otry K2	F 102816	
Street Address	Street Address		Vi Vi	
City 80 Shody Hill Drive	01100171441725		200 P	
W.Warwick KL OZ8		State	8 350	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTEI Agent Name	R - Changes require filin	g of Form 641 - R.I.G.I	- 7-6-13 / 7-6-780	
Jodie Darrette	Address		9	
73 Providence Stree	+ City Wast	Warwick	Zip Oct	
		o-artor CK	02898 2	
This report must be signed by either the President, V	vice President, Secretary, A	Assistant Secretary, Treas	urer, Receiver or Trustee	
And the same	Under pe	nalty of perjury. I declare :	and affirm that I have examined this	
- FILEU	report, in	cluding any accompanying s s contained herein are true a	schedules and statements, and that all	
File Date 0CT 29 2007 2:44		rurence R	Xement	
Check No RV V ten	Signature o		Date	
By: OYONGS	La Print or To	Wrence K upe Name of Officer	Leonard	
FOR SECRETARY OF STATE USE ONLY	Po	es ident	, —	
	Title of Off	ficer	Form 631 Rev. 12/06	