

**A. Ralph Mollis,** Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 208

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					
111161 Harvest Communit	y Church of WOONSOCKET				
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address	City Zip				
Rhode Island 60 North MAIN STA	CEET Woonsocket 02895				
5. Foreign corporation. Enter principal office address	City State Zip				
6. Brief Description of the character of the affairs which are actually conducted in Physic Isla	and a first to the				
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Fostering, developing, maintaining, and ministering religious beliefs of the					
lorganized religion of HARVEST Comi	nunity CHURCH OF WOODSOCKET				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACH President Name					
Eugenie J. Giguere	STEVEN G. MARTEL				
Street Address	Street Address				
1214 Sharps-Lot Road-	27 Blanding Road				
Swansea State MA Zip 00771	City State Zip				
Sounday Name	NEMODOTA 11177 102769				
KAREN L. MARTEL	NIChOlas BARRFH				
31 Blanding Road	81 Salis bury Street				
Rehoboth MA DA-769	REhoboth State MA Zip 02769				
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ALLAC	HMENT) FILL IN SPACES BEFORE USING ATTACHM. VTS				
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) C	ORPORATION <u>SHALL NOT BE LESS THAN THREE</u> (3). R.I.G.L. 7-6-23				
Director Nat -	Director Name				
Steven R. BACON	DAVID Medeiros				
Street Address  And NATO White No hours	Street Address EL AS ILIUM Street				
City , State Zip ,	City State Zity				
Cumberland RI 102864	WOUNSOCKET State RI 02895				
Director Name	Director Name				
James Carlton					
780 Great Road	Street Address				
City State Zip	City State Zip				
REGISTERED ACENT IN PHODE ISLAND DO NOT ALTER CHAPTER	es require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78				
Agent Name	The state of the second property of the second control of the second second control of the second se				
STEVEN R. BACON	Address				
Address	City				
203 NATE Whipple Highway	Cumberland 02864				
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee					

File Date	xx s s s			
Check No	וטע	052	008,	
Pv.	Бу	_1/2	80.	
	FOR SECRI	ETARY OF :	STATE USE O	NLY

Under penalty of perjury, I declare and affirm that I have examined this eport, including any accompanying schedules and statements, and that all tatements contained herein are take and correct.	
Cruse 1 5-28-0	Y
EUGENE Giquere  Date	
Printor Type Name of Officer  MUSILLENT	
itle of Officer Form 631 Rev. 12/06	