

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

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						
27037	Faith Presbyterian Church						
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Zip		
Rhode Island	499 Hope F	load		Cranston	02921		
5. Foreign corporation. Enter principal office address			City	State	Zip		
6. Brief Description of the character		*					
Religious - worshiping God through prayer, praise, singing and studying His Word.							
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1	S OF THE OFFICER	S: ("X" BOX FOR ATTA	CHMENT) [] FILL IN SPACES B	EFORE USING ATTA	CHMENTS		
President Name			Vice President Name				
Jerry De Master			vacant				
Street Address			Street Address				
1600 Hope Road	<u>D</u>	Tan		L			
City	State	Zip	Сйу	State	Zip		
Норе	<u> RI</u>	02831		<u> </u>			
Secretary Name			Treasurer Name				
Virginia Salmon			David De Vecchis				
Street Address			Street Address 11 Potter Dr.				
150 Mountain Laur				1.			
City	State	Zip	City Providence	State	Zip		
Cranston	l RI	1 02920		RI	02907		
			ACHMENT) TELL IN SPACES I				
P	ORS OF A DOMEST	IC (RHODE ISLAND)	CORPORATION SHALL NOT	<u>BE LESS THAN THRI</u>	EE (3). R.I.G.L. 7-6-23		
Director Name			Director Name				
Claire Motta				David Withers			
Street Address			Street Address				
250 Barnes Rd.			3 Brookfield Dr. 3 5%				
Glb;	State	Zip	Сиу	State	2 29 ⊃ 5 70 − 1		
Harrisville	RI	02830	Cranston	RI	02920 rh		
Director Name David Lucia			Director Name				
Street Address			Street Address				
318 Station St			Street Address				
City	State	Zip	Сйу	State	% ⊇≓		
Coventry	RI	02816	1		2 < =		
9. REGISTERED AGENT IN			nges require filing of Form 6	41 - R.I.G.L. 7-6-13 /	7-6-78		
Agent Name			Address				
Claire Mot	ta						
Address 250 Barnes Rd.			Harrisville Zip 02830				
	-		110011110		,2030		

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	FILED				
Check No.		0	9	2008	12:26
Rv.	Ву		tinc		
FOR SECRETARY OF STATE USE ONLY					

report, including any statements/contained	jury, I declare and affirm that accompanying schedules and at herein are true and correct.	
Signature of Officer	- William	Date
Jerry De 1	Master	
Print or Type Name of	Officer	
President	of Corporation	