



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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 2008

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. <b>26765</b>		2. Name of Corporation <b>ASIA FOR CHRIST MINISTRY/GRACE BIBLE CHURCH (INCORPORATED)</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>17 FRIENDSHIP STREET</b>		City <b>NO. PROVIDENCE</b>	Zip <b>02904</b>
5. Foreign corporation. Enter principal office address <b>NA</b>		City		State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>MINISTERING TO THE INDO-CHINESE AND CHURCH RELATED ACTIVITIES</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>DR. (REV.) OOMMEN GEORGE KUTTY</b>			Vice President Name <b>MRS. KAMALAMPIKAI KUTTY</b>		
Street Address <b>17 FRIENDSHIP STREET</b>			Street Address <b>17 FRIENDSHIP STREET</b>		
City <b>NO. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>NO. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>REV. RONALD HOFFMAN</b>			Treasurer Name <b>REV. JULIUS ADEFEMIWA</b>		
Street Address <b>102 DUTCHER STREET</b>			Street Address <b>42 VINEYARD STREET</b>		
City <b>HOPEDALE</b>	State <b>MA</b>	Zip <b>01747</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <b>MRS. BARBARA HOFFMAN</b>			Director Name <b>DR. (REV.) OOMMEN GEORGE KUTTY</b>		
Street Address <b>102 DUTCHER STREET</b>			Street Address <b>17 FRIENDSHIP STREET</b>		
City <b>HOPEDALE</b>	State <b>MA</b>	Zip <b>01747</b>	City <b>NO. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
Director Name <b>REV. RONALD HOFFMAN</b>			Director Name <b>MRS. KAMALAMPIKAI KUTTY</b>		
Street Address <b>102 DUTCHER STREET</b>			Street Address <b>17 FRIENDSHIP STREET</b>		
City <b>HOPEDALE</b>	State <b>MA</b>	Zip <b>01747</b>	City <b>NO. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name <b>REV. OOMMEN GEORGE KUTTY</b>			Address		
Address <b>17 FRIENDSHIP STREET</b>			City <b>NORTH PROVIDENCE</b>	Zip <b>02904</b>	

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



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File Date	<b>FILED</b>
Check No.	<b>JUN 23 2008</b>
By:	<b>By 1567</b>
FOR SECRETARY OF STATE USE ONLY	

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.

*Kamalampikai Kutty* June 19, 2008  
Signature of Officer Date

**MRS. KAMALAMPIKAI KUTTY**

Print or Type Name of Officer

**VICE PRESIDENT**

Title of Officer