



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. 27171		2. Name of Corporation FIRST Assembly of God of The City of Woonsocket, State of R.I. Inc.	
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island Street Address 420 Alendon Road City: Woonsocket State: RI Zip: 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 Rhode Island Religious			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Rev. Carl E. Guiney		Vice President Name	
Street Address 58 Castle Court		Street Address	
City Woonsocket	State R.I.	Zip 02895	
Secretary Name Carol A. Sencabough		Treasurer Name	
Street Address 149 Grandview Ave		Street Address	
City Lincoln	State R.I.	Zip 02865	
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 Marc D. Laliberte		Director Name Scott Majean	
Street Address 3754 Mendon Road		Street Address 5 Briden Street	
City Cumberland	State R.I.	Zip 02864	City No. Smithfield State R.I. Zip 02894
Director Name Henry Lambert		Director Name	
Street Address 588 Black Plain Road		Street Address	
City No. Smithfield	State R.I.	Zip 02896	City State Zip
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		Address	
Address		City	State Zip

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

File Date	<b>FILED</b>
Check No.	JUN 23 2008
By:	By [Signature]
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.

Rev. Carl E. Guiney 6/17/08  
Signature of Officer Date  
Rev. Carl E. Guiney  
Print or Type Name of Officer  
President  
Title of Officer