

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 falling or refusing to file its annual report within the time prescribed by law (R.I.G.L 7-6-91) is subj

| 1. Corporate ID No. | 2. Name of Co | 2. Name of Corporation | | | | |
|---|---------------------------|---|---|-----------------------|------------------------|--|
| 117058 | Newport C | Newport Community Church, Incorporated | | | | |
| 3. State of Incorporation | 4. Corporate a | 4. Corporate address in Rhode Island - Street Address | | | Zip | |
| Rhode Island | 1272 Wes | t Main Road | | Middletown | 02842 | |
| 5. Foreign corporation. Enter principal office address | | City | State | Zip | | |
| 6. Brief Description of the chi | tractor of the affairs wh | ich are actually conducted in I | | | | |
| To proclaim the Ortho | | | Roode Island | | | |
| TO PROGRAM THE OTHER | dox biblical Clinst | an raim | | | | |
| 7. NAMES AND ADDR | ESSES OF THE OF | FICERS: ("X" BOX FOR A | ATTACHMENT) FILL IN SPA | CES REFORE HSING ATTA | CHMENTE | |
| President Name | | | (TTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name | | | |
| Barr A. Flynn | | | | | | |
| Street Address | | | Street Address | | | |
| 1 Beacon Court | | | | | | |
| Сйу | State | Zíp | City | State | Zip | |
| Newport | Ri | 02840 | | ļ | | |
| Secretary Name | | - · · · · · · · · · · · · · · · · · · · | Treasurer Name | | | |
| Ralph Lewis | | | Brian Gilpin | | | |
| Street Address | | | Street Address | | | |
| 14 Heritage Drive | | | 427 Wapping Road | | | |
| City | State | Zip | City | State | Zip | |
| ortsmouth | RI | 02871 | Portsmouth | RI | 00074 | |
| S. NAMES AND ADDRI | SSES OF THE DIE | ECTORS: ("X" BOX FOR | ATTACHMENT) FILL IN SPA | CES BEFORE USING ATTA | CELEDATE | |
| HE NUMBER OF DIR | ECTORS OF A DO | MESTIC (RHODE ISLA | ND) CORPORATION SHALL | NOT BE LESS THAN THRE | E (3). R.I.G.L. 7.6. | |
| | | | Director Name | | | |
| Barr A. Flynn | | | Ralph Lewis | | | |
| Street Address | | | Street Address | | | |
| | | | | | | |
| 1 Beacon Court | | | 14 Heritage Drive | | | |
| My | State | Zip | 14 Heritage Drive | State | Zip | |
| City Newport | State RI | Ζip 02840 | | State RI | Ζip 02871 | |
| ity Newport Director Name | | | City | j | ^{Ζψ} 02871 | |
| Oity Newport Director Name Brian Gilpin | | | City Portsmouth | j | i . | |
| Newport Director Name Brian Gilpin treet Address | | | City Portsmouth | j | i . | |
| Otty Newport Director Name Brian Gilpin treet Address 127 Wapping Road | RI | 02840 | Portsmouth Director Name | j | i . | |
| Newport Newport Newport Name New Name Name Name Name Name Name Name Name | RI | 02840 | Portsmouth Director Name | j | i . | |
| Newport Newport Newport Name Brian Gilpin Areal Address 127 Wapping Road Ity Portsmouth | RI State RI | 02840 | City Portsmouth Director Name Street Address City | RI | 02871 | |
| Newport Newport Perctor Name Brian Gilpin Perct Address Para Wapping Road Perct Supplied Road Portsmouth REGISTERED AGENT | RI State RI | 02840 | City Portsmouth Director Name Street Address City Changes require filing of Fo | RI | 02871 | |
| Avery Newport Newport Newport Name Strian Gilpin Name Address 27 Wapping Road Name Ortsmouth REGISTERED AGENT Spent Name | RI State RI | 02840 | City Portsmouth Director Name Street Address City | RI | 02871 | |
| Newport Newport Director Name Brian Gilpin treel Address 127 Wapping Road ity Portsmouth REGISTERED AGENT gent Name Barr A. Flynn | RI State RI | 02840 | City Portsmouth Director Name Street Address City Changes require filing of Fo | RI | 02871 | |
| Newport Newport Director Name Brian Gilpin treet Address 127 Wapping Road ity Portsmouth REGISTERED AGENT gent Name | RI State RI | 02840 | City Portsmouth Director Name Street Address City Changes require filing of Fo | RI | 02871 | |

| FILED | 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. | | |
|---------------------------------|--|--|--|
| File Date JUN 2 5 2008 | Flyng 6/17/08 Signature of Officer / Date | | |
| Check No. By: | Barr A. Flynn Print or Type Name of Officer | | |
| FOR SECRETARY OF STATE USE ONLY | President Tute of Officer | | |
| | Form 631 Pay 12/06 | | |