

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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		*		
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3. State of Incorporation	·				Zip
RHode ISLAND	496 PAWT	AVe.		PAWT	05860
5. Foreign corporation. Enter p			City	State	Zip
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6. Brief Description of the charac	ter of the affairs which are actually o	conducted in Rhode Isl	and •	T //	Opnierte
FR Rehigious	ter of the affairs which are actually o work SHIP, BIB/C	Study 4	CARISTIAN	ou Reach	TK STECTS
	SES OF THE OFFICERS: ("X"	" BOX FOR ATTACH	GEL-SHIER ER FOR SOLEN	ES BEFORE USING ATT	ACHMENTS
President Name			FIC- C/INTON SEASTRUNK, SR		
Rev RAYMON.	D W. BROW	<u> </u>	E/C- (//N/0	SEASIK	WNX SIL
Street Address	. /	- ,,,,,	Street Address	1	/
City	be AN UNI	// /	66 700	State Str	
A PASS	State Zip	2 9 4 V		State	02906
	12- 0	707	PROY	<u> </u>	02/00
Secretary Name	7 Pales	/	Treasurer Name		
Street Address	1 - BROWN		0		
11) TANA	and he	1. T114	Street Address		
City	state / Zip	$\chi p \gamma \gamma \gamma \gamma \gamma$	City	State	Zip
N. PROV	1 - C-	12514	Chry	State	Σφ
8. NAMES AND ADDRESS	SES OF THE DIRECTORS: ("	X" BOX FOR ATTAC	│ CHMENT)	FS REFINEL HSING ATT	ACHMENTS
	N Mary 1			WEST WARDS	
Director Name			ORPORATION SHALL NOT BE LESS THAN THREE (3), R.I.G.L. 7-6-23 Director Name		
	SEASTRUNK			MARIA SEA	Cta. 1
Street Address	30A3/KWW/~		Street Address	MARIA SCH	3 / RUNNE
GZ LUCUST ST City State - Zip					
City	State Zip	•	City City	State Str	Zip
PROY	RI	02906	PROV	RI	02506
Director Name		<u> </u>	Director Name		
SANDRA	CARSWe 11			Recinn C	ARSWell
Street Address				<i>)</i> -	
454 EAS	TAVe		128 OAK	St. ART.	5/5
City	State Zip	<u></u>	City	St. APT.	Zip
PAWT	Ret 0	2860	PROV		102707
9. REGISTERED AGENT I	N RHODE ISLAND - DO NO	T ALTER - Chang	es require filing of For	m 641 R.I.G.L. 7-6-13	/7-6-78, V
Agent Name			Address		
Bey. LAYMOND W. BROWN					
Address			City	Zip	T/I
10TAN c/ewood	LN #114 N. P	ROV 0290	4	•	52
7					
This report mu	st be signed by either the Pro	esident, Vice Presi	dent, Secretary, Assistant	Secretary, Treasurer, Rec	ceiver of Trustee

File Date Check No. FOR SECRETARY OF STATE USE ONLY

on O1 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.

PResiden

Title of Officer

Form 631 Rev. 03/07