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.	*2. Name of Corporation*		
69358	CALVARY CHAPEL CHRISTIAN FELLOWSHIP		
3. State of Incorporation	*4. Corporate address in Rhode Island - Street Address*	*City*	*Zip*
RHODE ISLAND	475 Arnold's Neck Drive	Warwick	02886
*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

Calvary Chapel Christian Fellowship is a church, a religious corporation.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			*Vice President Name*		
Richard Chapman			Timothy Hamilton		
Street Address			*Street Address*		
19 Reeland ave			15665 Sage ct		
City	*State*	*Zip*	*City*	*State*	*Zip*
Warwick	RI	02886	Moreno Valley	CA	92552
Secretary Name			*Treasurer Name*		
Paula Chapman			Norman Leblanc		
Street Address			*Street Address*		
19 Reeland ave			2 Church		
City	*State*	*Zip*	*City*	*State*	*Zip*
Warwick	RI	02886	West Warwick	RI	02893

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ 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			*Director Name*		
Richard Chapman			Timothy Hamilton		
Street Address			*Street Address*		
19 Reeland ave			15665 Sage ct		
City	*State*	*Zip*	*City*	*State*	*Zip*
Warwick	RI	02886	Moreno Valley	CA	92552
Director Name			*Director Name*		
Paula Chapman					
Street Address			*Street Address*		
19 Reeland ave					
City	*State*	*Zip*	*City*	*State*	*Zip*
Warwick	RI	02886			

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*	
Richard M. Chapman		
Address	*City*	*Zip*
475 ARNOLD'S NECK DRIVE	WARWICK	02886

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

6 9 3 5 8

FILED
JUN 30 2008
By 1325

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY
24336-23-269216

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.

Signature of Officer — *Date* 6/27/08

Richard Chapman
Print or Type Name of Officer

President
Title of Officer