



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 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. <u>114380</u>		2. Name of Corporation <u>TRUMPET CF FAITH Pentecostal Church Inc</u>				
3. State of Incorporation <u>P C</u>		4. Corporate address in Rhode Island - Street Address <u>Box 27734</u>		City <u>Providence</u>	Zip <u>02907</u>	
5. Foreign corporation. Enter principal office address				City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <u>to provide religious services to its members</u>						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS						
PASTOR President Name <u>Rev Beatrice Mansfield</u>			ASSISTANT PASTOR Vice President Name <u>Rev Alex GAYE</u>			
Street Address <u>437 CRANSTON STREET</u>			Street Address <u>83 COMSTOCK AVE</u>			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>PROV</u>	State <u>RI</u>	Zip <u>02907</u>	
Secretary Name			Treasurer Name <u>Ruth GAYE</u>			
Street Address			Street Address <u>P O BOX 25408</u>			
City	State	Zip	City <u>PROV</u>	State <u>RI</u>	Zip <u>02907</u>	
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 <u>BEATRICE DORLEY</u>			Director Name <u>EMILIA STEWART</u>			
Street Address <u>60 Lindy Ave</u>			Street Address <u>46 GRAY STREET</u>			
City <u>PROV</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>PROV</u>	State <u>RI</u>	Zip <u>02907</u>	
Director Name <u>WATTA SEE</u>			Director Name			
Street Address <u>71 ATWOOD AVE</u>			Street Address			
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	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 <u>George Al Page</u>			Address			
Address <u>296 Chad Brown</u>			City <u>Providence, RI</u>	Zip <u>02908</u>		

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

FILED
SEP 03 2008
By 067119
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.

pastor B. Mansfield 8/13/08
Signature of Officer Date
Beatrice MANSFIELD
Print or Type Name of Officer
Founder - Head Pastor
Title of Officer