

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

Rrovidence, RI 02904-2615

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 THE FAITH AND F	HARE RAPTICE	CHURCH		
3. State of Incorporation 4. Corporate address in Rhode Island - Street A	ddress	City	Zip	
RI 93 STANWOOD	57	PROVIDENC	E 02907	
5. Foreign corporation. Enter principal office address	City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rh	ode Island CHURC			
WURSHIP, EVANGELISM, BIBLICAT TEACHING AND SERVICE TO DUR COMMUNI 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR AT	TACHMENT) TELL IN S	PACES BEFORE USING ATTA	CHMENTS	
President Name REV John H SLAIGER	Vice President Name	Vice President Name Rev WIIIAM TONES		
Street Address 98 STANDOWD 57	Stroot Address	Street Address AVON ST		
PROVIDER State RI ZIP 02907	PROVIDE	State RI	zip 02909	
Secretary Name LINDA JONES	Treasurer Name	RSVA MOOD	Y	
Street Address 7 AVON ST	Street Address 43	43 MOORE ST		
SWAMES AND ADDRESSES OF THE DIRECTORS, CYT. ROY FOR		- .	C2967	
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 JAMES MOOBY	Director Name	Director Name SY/VIA REAVEY		
Street Address 43 MOORE ST	Street Address 36	PAINE AVE		
PROVIDENCE SLAW XI 21000907	CRAIS TO	N State KI	zip 02910	
Director Name RAYMOND MASHINSTON	Director Name	W SLAISER		
Street Address 29 RUMAN AVR	Street Address	STANWOOD S		
9. REGISTERED AGENT IN RHODE ISLAND	PROVIA	ence state RI	2tp 0790)	
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78				
This report must be signed by either the President, Vice	e President, Secretary, Ass	istant Secretary, Treasurer, Re-	ceiver or Trustee	

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date FILED	statements contained herein and true and correct.
Check No. NOV 2 8 2008	JoHN H. SLAIGER
By By For SECRETARY OF STATE USE ONLY	Print or Type Name of Officer PRESIDENT/ PASTOR
	Title of Officer