

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.

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1. Corporate ID No.	2. Name of Corp.	2. Name of Corporation					
000125492	Cornerston	Cornerstone of Faith United Methodist Church					
3. State of Incorporation	4. Corporate ad	4. Corporate address in Rhode Island - Street Address			Zip		
RI	1081 Main	Street		Coventry	02816		
5. Foreign corporation. Enter principal office address			City	State	$Z\psi$		
6. Brief Description of the ch	aracter of the affairs whic	ch are actually conducted in Ri	hode Island		I		
Christian Church (Dor	mestic Non-Profit C	orporation)					
7. NAMES AND ADDR	ESSES OF THE OF	PICERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPACI	es before using att	ACHMENTS		
President Name			Vice President Name				
Scott Andrews			Diane Ambrose				
Street Address 201 Richardson Rd.			Street Address 3458 Flat River Rd.				
Clip	State	Zip	City	State	Zip		
Coventry	RI	02816	Coventry	RI	02816		
Secretary Name			Treasurer Name				
Corinne Lapastora			William Marzahn				
Street Address			Street Address				
49 Crossbow Lane			16 Mile Rd.				
City	State	Zip	City	State	Zip		
West Warwick	Ri	02893	Coventry	RI	02816		
8. NAMES AND ADDI	ESSES OF THE DI	RECTORS: ("X" BOX FOR	<i>ATTACHMENT)</i> FILL IN SPAC	ES BEFORE USING AT	TACHMENTS		
THE NUMBER OF DI	RECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL N	OT BE LESS THAN TH	REE (3). R.I.G.L. 7-6-23		
Director Name			Director Name				
Heather-Rose Mattias			Gayle Boone				
Street Address			Street Address				
119 Austin Farm Rd.			25 Glenwood Dr.				
City	State	Zip	City	State	Zip		
Exeter	RI	02822	Coventry	RI	02816		
Director Name Judy Beaudoin			Director Name Millie Ashbaugh				
Street Address			Street Address				
281 Morgan Ave.			35 Greenwich West Park				
City	State	Ζip	City	State	Zip		
Johnston	RI	02919	West Greenwich	RI	02817		
9. REGISTERED AGE:	NT IN RHODE ISLA	M					
This information is curr	rently of record in th	e Office of the Secretary	of State. Changes require filing of	Form 641 - R.I.G.L. 7-6	-13/7-6-78		
This repor	t must be signed by	either the President. Vio	ce President, Secretary, Assistant	t Secretary, Treasurer, R	Receiver or Trustee		

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File Date				
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By:	By	1.50	ഉ-ര	
FO	R SECRETAR			
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Under penalty of perjury, I declare and aff report, including any accompanying schedu	
statements Contained herein are true and con	
Signature of Officer	Date
Scott Andrews	
Print or Type Name of Officer	
Chairperson of the Chur	ch Council
Title of Officer	