

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.								
	2. Name of Corporation	rite Church	of Providence					
3. State of Incorporation	4. Corporate address in Ri	ode Island - Street Address		Сну	Zip			
X Rhode Island		and Avenue		Providence	02906			
5. Foreign corporation. Enter principal office address			City	State	Zip			
6. Brief Description of the character of			und					
& Public Word	hip - Chur	ch						
7. NAMES AND ADDRESSES	•		MENT) [FILL IN SPACES B	EFORE USING ATTACH	MENTS			
President Name	_		Vice President Name					
Pastor - Dr. E	Van D. Hou	ard	Moderator: David C. Burnham					
Street Address			Street Address					
117 Wilcox Ave	enue	l au	City State Zip					
Pawtucket	RI	O 2860	Rehoboth	M A	02769			
Secretary Name	1,7,2		Treasurer Name					
Natalie R. Austin			Anne W. Burnham					
			Street Address					
500 Angell	street #4	01	H4 River St	reel	Zi/)			
City	State	02906	City Dala - hath	MA	02769			
Providence	OF THE DIRECTOR	S: ("X" BOX FOR ATTA	□ □CVOΩΘ''' CHMENT)□ FILL IN SPACES I	BEFORE USING ATTACI	•			
8. NAMES AND ADDRESSES THE NUMBER OF DIRECTO			CORPORATION SHALL NOT		(3). R.I.G.L. 7-6-23			
thirector Name		_	Director Name					
	Sr. De	eacon	David Hammond Sr. Deacon					
Street Address	<u> </u>		Street Address					
11 Dora Stre	et		160 Smith Street					
Marie Puglie Street Address 11 Dora Stree City Providence	State 1	02909	City Connecting	State RI	21p gg 9 0 5 h			
Providence	<u> </u>	Varu	Director Name		18			
Philip Dou	ahtu		Checan want		3			
Street Adviress			Street Address		- Links			
22 Hobart	Street				-17			
City	State > -	02906	City	State	Zip			
Providence	 	02700	I	I				
9. REGISTERED AGENT IN		no change			<u> </u>			
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 Pre	sident, Secretary, Assistant Se	eretary, Treasurer, Recei	ver or Trustee			

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	FILED
File Date	MAY 0 7 2009
Check No.	By 088899 1:30
Ву:	J
	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.

V /	Anne	4).	Bu	mham	5	07	10
,	ure of Offic					Date	
$\backslash \cap$	1		-72	1			

Print or Type Name of Officer

Treasurer