

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.		, , , , , , , , , , , , , , , , , , , ,			
1. Corporate ID No. 27/79	2. Name of Corporation First Boot	ist Chur	ch in East	Providence	٠
3. State of Incorporation  R. I.	1. Corporate address in Rhode I	isjand - Street Address UCKET /	Ivenue	Rimford	02916
5. Foreign corporation. Enter prin			City	R. I.	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island					
Worship and Keligious Instruction					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ernest, Robillard			Sarhara R. Tewksbury		
The West Allenton Road			Street Address		
N. Kingstown	State Zip	2852	Rum Ford	State R. I.	02916
Secretary Name  Atherine	Hoaman		Treasurer Name	. Tewksbu	Lru
Street Address / Alleu	Street		Street Address 100du	Street	đ
Seekonk		12771	Rumford	State R. I.	02916
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	gar		Deborah	Cipalone	
3 9 Gertru	de Avenu	ا م	Street Address	w Avenue	,
Rumford	State Zip	2916	East Providence	state R. I.	02914
Director Name	Jane-		Director Name . Ball	len	
Street Address Sittor	1 Avenue		Street Address Pleas	ant Stree	t
East Providence	State RI Zip	02916	cur Kumford	State I.	02-916
9. REGISTERED AGENT IN RHODE ISLAND					
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 President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee					

Under penalty of perjury, I declare and affirm that I have examined this File Date FILED Check No. MAY 1 9 2009 By FOR SECRETARY OF STATE USE ONLY Title of Officer

report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Form 631 Rev. 09/17