

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 2009

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.

penatty see of \$25.00.						
1. Corporate ID No. 26157	2. Name of Corporation LAFAYETTE ADVENT CHRISTIAN CHURCH INC					
3. State of Incorporation RHODE   SLAND	4. Corporate address in .	Rhode Island - Street Address ROD ROAD	P.O. Box 68	City MORTH KINGSTOWN	01852	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the character		•	and	· · <b>L</b>		
PREACHING (	300's WOR	D				
7. NAMES AND ADDRESSE	S OF THE OFFICERS	6: ("X" BOX FOR ATTACH	MENT) [ FILL IN SPACES F	BEFORE USING ATTACE	IMENTS	
DAVID A. SPRAGUE			Vice President Name  N○NE			
Street Address 51 DEAN AUE			Street Address			
NORTH KINGSTOWN	State R · I ·	02852	City	State	Zip	
Secretary Name AVIS WILLIS			Treasurer Name DAUID A. SPRAGUS			
Street Address P.O. Box 68			Street Address 5   DEAN AUE			
City NORTH KINGS TOWN	State R. I.	02852	City Horau Kingstowa	State R. I.	Zip 62852	
			CHMENT) FILL IN SPACES			
THE NUMBER OF DIRECTO  Director Name	ORS OF A DOMESTI	C (RHODE ISLAND) C	CORPORATION SHALL NOT Director Name	<u>BE LESS THAN THREE</u>	(3). R.I.G.L. 7-6-23	
WILLIAM WILLET			DAULD A. SPRAGUE			
Street Address 20 COOPER LANE			Street Address 51 DEAN AUE.			
City ERST GREENWICH	R.T.	ο <del>5</del> 818	NORTH KINGSTOWN	R.T	12852	
Director Name PATRICIA A. SPRAGUE			Director Name NonE			
Street Address 5. DEAH AUE			Street Address			
HORAN KINDSTON	State R. T.	2ip 02852	City	State	Zίρ	
9. REGISTERED AGENT IN	1	1	•	ļ	4	
This information is currently	of record in the Offic	e of the Secretary of State	e. Changes require filing of For	m 641 - R.I.G.L. 7-6-13/7	7-6-78	
This report must	t be signed by either	the President, Vice Pres	ident, Secretary, Assistant Sec	cretary, Treasurer, Recei	ver or Trustee	

File Date	FILED				
Check No.	JUN 04 2009				
By:	By 4925				
FOR SECRETARY OF STATE USE ONLY					

Under penalty of perjury, I declare and affireport, including any accompanying schedul		
statements contained herein are true and cor	^	3,2009
Signature of Officer	<del></del>	Date
DAVID A SPRAGUE	4	
Print or Type Name of Officer		
TREASURER		
Title of Officer		

Form 631 Rev. 09/17