

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 regular fee of \$25.00.

penaity fee of \$25.00.				, ,	
1. Corporate ID No.	2. Name of Corporation  TA be YNACLE HUL	y Temple 0.	F OliVes		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address 7 Bough St		PRO Vidence	Zip 02909	
5. Foreign corporation. Enter prin	cipal office address	City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Khode Island Charitable Re 1: grows or gani zation Bible Study Sunday school					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS  President Name  Vice President Name					
AMOCE DA Street Address		Elysee pamphile			
158 Regent City PROVI den Ce	State 4 Zin	46 Ruth ge	en Ave	·	
	State R1 25p 02908	cusphovidence	State R	02907	
Secretary Name Jean	Rousier J. Gourdet	Magdala DA	mphile		
Street Address 270 Webster AVE		396 MINEY21 SPRING AVE  City Dan tricket State Al 21/202860			
PRovidence	State R1 Zip 02909	Pan tucket	State A 1	D 2860	
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 RV. D	Amphile Eusebe	Director Name EYSee PAMP		(3). K.H.G.L. 7-0-23	
Street Address 270 We		Street Address 46 Authergl		· · · · · · · · · · · · · · · · · · ·	
SpRoviden le	State R   Zip   229 0 9	PROVI dence	State A 1	02907	
Magdala pamphib		Director Name A Muce pumphile			
396 MINERALSPRING AVE		158 Regent Ave			
Paw tucket 9. registered agent in	I ' ' [	pp ovidence	State R (	02908	
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					

	3 ILED	
	JUN, 0 8 2009	
	By Min	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	129-914/4	statements contained herein are true and correct.
Check No.		ElySee PAMPhi 6
Ву:		Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY		Title of Officer
		Form 421 Page 00/17