

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 3.66.7 401.2 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.

Yearney jet of the store						
1. Corporate ID No.						
11)31585	BEIKNAF	COMMUNI	TY CHURCH	T		
3. State of Incorporation	4. Corporate address in R.	bode Island - Street Address	(MABEL E. KAYE)	City_	Zip 7 4 19	
17.1	400 GREE	NILLE HVE	MAILING ADORESS	-JOHN 510N	02111	
5. Faulgr corporation. Finance	cipal effic e address	(1)	City	State OT	Zip 2 919	
300 G1	PIELEN VIIIE	1+1/2	JOHNSTON	/ (<u> </u>		
1. Corporate ID No. AD 31585 BELKNAP COMMUNITY CHURCH 3. State of incorporation 4. Corporate address in Rhode Island - Street Address R. I. 4. Corporate address in Rhode Island - Street Address R. I. 4. Corporate address in Rhode Island - Street Address (MABEL E. KAYE) City Johnston O2919 5. Everly corporation. Interpretabilities address City Johnston VIII - AVE JOHNSTON O2919 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island						
SUNDAY CHURCH SERVICE						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
ANTHUR SADONSKI			STLPHEN LAWTON			
President Name HATHER SHOOWSKI Street Address			Vice President Name 57 L. PHEN L. HWTON Street Address 7			
836 MARIE	070 /17 K		13 NOYER	1706.	T	
886 HARTIS JUHNSTON	State R I	02919	CRANSTON	State 12. I	C2920	
Secretary Name	- , /		Treasurer Name	n d		
MABEL E. KAYE		CAROL E. MORIN				
Street Address		Street Address				
450 GREENV	11/E /7VE		452 CTREENY	11/E HVE		
450 GREENY CHUTOHNSTON	state R. I	20 2919	452 GREENY JOHNSTON	RI	21p 62919	
8. NAMES AND ADDRESSES	S OF THE DIRECTOR	S: ("X" BOX FOR ATTAC	CHMENT) TILL IN SPACES B	EFORE USING ATTACH	IMENTS	
THE NUMBER OF DIRECT	ORS OF A DOMESTIC	C (RHODE ISLAND) C	CORPORATION SHALL NOT E	BE LESS THAN THREE	(3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Director Name PRTHOR Street Address	SADOWSKI		STEPHEN	LANTON		
Street Address			Street Address			
886 HARTFORD AVE CUY- JCHNSTON STOR R I 02919		STEPHEN LAWTON Street Address 15 POYER AVE City CITY State CITY O 2920				
JOHNSTEN	State R L	02919	CHY CHANSTON	State RI	02920	
Director Name			Director Name		•	
Street Address		Street Address				
450 GEREE	NVILLE H	16				
JOHNSTON	State 12 T	Zip	Сйу	State	Zip	
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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						

	FILED
File Date Check No.	JUN 09 2009
Ву:	By
	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

Make C		
Signature of Officer	1	Date
MABEL E	KAYL-	
Print or Type Name of Officer	·····	
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Title of Officer