

28823

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

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.

| permitty fee by \$25.00. | , | | | | | |
|--|--|---------------------------------------|---|--------------------------|--------------------|--|
| 1. Corporate ID No. | 2 Name of Corp | 2 Name of Corporation | | | | |
| 28823 | Christadelp | hian Ecclesia of Cranston, | , Rt., Inc. | | | |
| 3. State of Incorporation | 4. Corporate ad | dress in Rhode Island - Street Add | fress | City | Zip | |
| Rhode Island | 2104 Cran | ston Street | | Cranston | 02920-3900 | |
| 5. Foreign corporation. Enter principal office address | | | City | State | Zip | |
| 6. Brief Description of the ch | aracter of the affairs which | th are actually conducted in Rhod | e Island | | L | |
| Religious Organization | | | | | | |
| 7. NAMES AND ADDE | RESSES OF THE OF | FICERS: ("X" BOX FOR ATTA | ACHMENT) [] FILL IN SPACE | S BEFORE USING ATT | ACHMENTS | |
| President Name | | | Vice President Name | | | |
| Paul F. Haughton | | | Stephen Haughton | | | |
| Street Address | ······································ | | Street Address | | | |
| 148 Missouri Drive | | | 160 Mishnock Road | | | |
| City | State | Zψ | Сйу | State | Zψ | |
| Warwick | RI | 02886-8119 | West Greenwich | RI | 02817-1669 | |
| Secretary Name | | | Treasurer Name Christopher Clark | | | |
| Street Address | | | Street Address 519 Putnam Pike PO Box 635 | | | |
| City | State | Zip | City | State | Ζip | |
| | ļ | | Chepachet | RI | 02814-2165 | |
| 3. NAMES AND ADDR | RESSES OF THE DIF | ECTORS: ("X" BOX FOR AT | TACHMENT) [] FILL IN SPACE | ES BEFORE USING ATT | TACHMENTS | |
| | | |) CORPORATION SHALL NO | | | |
| Director Name | | | Director Name | | | |
| Raymond Entwistle | | | Elliott Lewin, Sr. | | | |
| Street Address | | | Street Address | | ···· | |
| 184 Fairway Drive | | | Chestnut Hill Road PO Box248 | | | |
| City | State | Zij) | Gity | State | Ζip | |
| Attleboro | MA | 02703-2741 | Chepachet | RI | 02814-0248 | |
| Director Name | | ···· | Director Name | | JOEOTT OE 10 | |
| Bruce Haughton | | | Elliott Lewin, Jr. | | | |
| treet Address | | · · · · · · · · · · · · · · · · · · · | Street Address | | | |
| 306 Hope Street | | | 68 Steere Farm Road | | | |
| üv | State | Zip | City | State | Zip | |
| North Attleboro | MA | 02760-3922 | Harrisville | Ri | 02830-1511 | |
|). REGISTERED AGEN | T IN RHODE ISLAI | | · | 1 | 02000-1011 | |
| This information is curr | ently of record in the | Office of the Secretary of S | tate. Changes require filing of I | Som 641 DICE 7.6 | 12 <i>1</i> 2 | |
| mornation is cuit | | office of the Sectedary of S | nate. Changes require ming of t | roim 641 - K.I.G.L. /-6- | 1.3/ /-0- /8 | |
| This repor | t must be signed by | either the President, Vice P | resident, Secretary, Assistant | Secretary Treasurer Re | eceiver or Trustee | |

| | Under penalty of perjury, I declare and affirm that I have examined this eport, including any accompanying schedules and statements, and that all |
|---------------------------------|---|
| File Date 6-18-09 | statements contained herein are free and correct. |
| Check No | Signature of Officer Date Paul F. Haughton Print or Type Name of Officer |
| FOR SECRETARY OF STATE USE ONLY | President Title of Officer |
| | Form 631 Rev. 09/17 |