

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 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

* In accordance with R.I.G.L. / penalty fee of \$25.00.	-0-94, each corporation	i jailing or rejusing to jue is	uman report within the time	· · · · · · · · · · · · · · · · · · ·	,,,,
1. Corporate ID No.	2. Name of Corporation		- /		
123211	Fuith in C	brist Community	Outreach Center		
3. State of Incorporation	1			East Prov.	02414
R.I. 41 Woodward Ave. Apt 3			<u> </u>	State	202717
5. Foreign corporation. Enter principal office address			City	State	2.47
6. Brief Description of the character	of the official which are	retually conducted in Phode Isl	and		
6. Brief Description of the character Community Ou	treach	иститу сопински т кроие вы	um		
ľ					
7. NAMES AND ADDRESSE	S OF THE OFFICE	S: ("X" BOX FOR ATTACH	MENT) [FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
President Name			Vice President Name		
Rev. Cardyn Brown-Sources			Helen Sherman		
Street Address			Street Address 301 Cranston St. Apt. 102		
Gir Proving State RI 2402914			City	State	Zip
City Prou	PI.	02914	Prov.	RI	02907
Secretary Name			Treasurer Name		
Carolyn Johnson			Rev. Carolyn Brown-Sogres		
			Street Address		
21 Heppo	<u>\$+, </u>		41 Woodw	land 170e Mpti	200
Provi	St. State R.I.	02909	East Provi	yard Ave Apt. State R.T.	^{Zip} 02914
8. NAMES AND ADDRESSI	S OF THE DIRECT	ORS: C"X" BOX FOR ATTA	CHMENT) FILL IN SPACE	CES BEFORE USING ATT	
THE NUMBER OF DIRECT	TORS OF A DOMES	TIC (RHODE ISLAND)			
Director Name		,	Director Name		
Rosetta Brown			Kevin Dawlains		
Street Address			Street Address		
301 Cranston St. Apt. 228 City Prou State RI. 210 02907			301 Cronston St. Apt 102		
City Prou	State 0 T	2ip	Prov.	State RT.	02907
		02707		1041	10210
Director /vaine	hwson		Director Name		
			Street Address		
14 Montice	ello St. A	p+3			8 00
City Prov.	State RI	Zip 02907	City	State	REAL SERVICE
9. REGISTERED AGENT II	N RHODE ISLAND	1		•	S RAC
This information is currently		Soo of the Coordians of Cto	nte Changes require filing o	of Form 641 - R LG L 7-6-	13/7-6-78 至之二
i his information is currently	y of record in the On	ice of the Secretary of Sta	ne. Changes require thing o		2 2 7 7
This report mu	ist be signed by eith	er the President, Vice Pro	esident, Secretary, Assistan	nt Secretary, Treasurer, Re	eceiver of rustes

	FILED
File Date	JUN 3 0 2809
Check No.	By 75 9229
<i>B_.y:</i>	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

Carolyn

Preside Title of Officer