

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 Providence. RI 02904-2615 401.222.3040 Filing Period: June 1 - June 30 • Filing Fee: \$20.00* . THIS BERGET WISE TO THE YEAR 2009 Providence RI 02904-2615 Filing Period: June 10 - 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.

1. Corporate ID No. 2. Name of Corporation 28024 Chijch (1) Dorth Providence				
3. State of Incorporation 4. Corporate address in R		7 /	City O	Zip
	ithrickl b	Kead	Li Providerke	02904
5. Foreign corporation. Enter principal office address		City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Islan		nd	J	<u>L.,</u>
Church Affairs				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("x" box for attachment) FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name	Vice President Name			
Lee (Nampagne		John Mason		
G Burnett Road		Sireel Address 23 EVERETT AVE		
Warwick State 2 I	24 02889	Providence	State RT	zip ひよ?C6
Secretary same Kichard D. (e) inclosed		Treasurer Name Porco M. Thrasher		
Street Address Stoney View Drive		Street Address MT Hope ST		
Combostant State	Zip (//	City	side NA	01760
8. NAMES AND ADDRESSES OF THE DIRECTOR	O2864/ s: ("x" box for attac	N. Arr/e 60 VO HMENT) FILL IN SPACES B	////// EFORE USING ATTACH	•
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		Director Name		
100 Many Jugne		John Ma Son		
6 Bunnett Road		23 Everett Ave.		
City State	Zip	City)	State 2	Zip
Director Name,	02889	Providerice Director Name	I K	02966
Richard D. Windsor		Chuck Tyler		
25 Stoney View Dowe		Street Address 19 Alders Aux		
City State	Z(p	City 1 1	State	Zip
Comberland RI	02864	Warmide	KI	02889
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				
		Under penalty of perjui	ry, I declare and affirm tha	at I have examined this
report, including any accompanying schedules and statements, at statements contained herein are true and correct.				statements, and that all
File Date 6-30-09	Liebarch) /1/2 /20			
1021	Signature of Officer	Signature of Officer Dark		
Check No Richard D Windsor				
By: Print or Type Name of Officer				
FOR SECRETARY OF STATE USE ONLY	Secretari			
	J	Title of Officer	,	Form 631 Rev. 09/17