

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

Form 631 Rev. 09/17

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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.

1. Corporate ID No. 0627171	2. Name of Corporation First Assc		of the City of Woonse	Ket state of	Rhode Ishad
3. State of Incorporation	1. Corporate address in 420 Mex	Rhode <b>Gl</b> and - Street Addi	ress	Woonsocket	0 2895-
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhod			e Island	, I	
Religious					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Can E Guiney			ACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name		
Street Address 58 CagThe Height Court			Street Address		
City W/OONSOCKET	State A	02895	City	State	Zip
Secretary Name Frances Kircorian			Treasurer Name		
Street Address			Frances Kinconian Street Address		
City Cooper	Ave. State	7in	180 Coopen A	VE /	7:6
Woon gocket  8. NAMES AND ADDRESSI	1 " Ad	02895	WOONSUCKET	State  O  ES BEFORE USING ATTAC	DA895
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND Director Name  Marc haliberti  Street Address  3954 Mendow Rd.			Director Name Scott Majeau Street Address  Shoilen Street		
Cumberland	State	Zip 1 2 8 69	No Smith Liel	State State	02896
Director Name David Shewhead			Director Name		
Street Address			Street Address		
City Dear	State	2ip 02864	City	State	Zip
Cumberland 9. REGISTERED AGENT IN	RHODE ISLAND	102001	I	I	1
This information is currently	of record in the Offic	e of the Secretary of S	tate. Changes require filing of I	Form 641 - R.I.G.L. 7-6-13/7	7-6-78
This report mus	st be signed by either	the President, Vice P	resident, Secretary, Assistant	Secretary, Treasurer, Recei	ver or Trustee
				erjury, I declare and affirm the	
	-		statements containe	d herein are true and correct.	/ -11-00
File Date FILED			<u>7/W//U</u> Signature of Officer	A JUNEURS	Date
Check   Ya   0 3 2009			FRANCES KIRCORIAN		
// By // // / / / / / / / / / / / / / /			Print or Type Name of Officer		
FOR SECRETARY OF	STATE USE ONLY		Title of Officer	y - pure	w <sub>L</sub>