

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

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.

penatty jee of \$25.00.					
1. Corporate ID No. 26 (p. 40)	2. Name of Corporation HPP ON A	UG PENTECOS	STAL CHURCH	**	· · · · · · · · · · · · · · · · · · ·
3. State of Mcorporation	4. Corporate address in	Rhode Island - Street Address 05PECT 5	T.	WARWICK	Zip RI 0288
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the characte		tually conducted in Rhode Isla	and	<u> </u>	
7. NAMES AND ADDRESS	ES OF THE OFFICERS	6: ("X" BOX FOR ATTACH	MENT) [FILL IN SPACES	BEFORE USING ATTAC	CHMENTS
President Name /HCMAS JOHNSTON			Vice President Name () CBERT LYTLE		
Street Address 26 STANDARD AVE.			Street Address 53 JEANETTE CT.		
"W. WARWICK	State RI	zip 0 J. 893	EXETER	State RI	Zip 02822
Secretary Name CHARLES JOHNSON			Treasurer Name DOWAL) WIGGINS		
Street Address 55 FERN 5T.			Street Address HS DAKDALE 57.		
CUVWARWICK	State RI	zip 02889	CHYWARWICK	State RI	Zip 0 2888
8. NAMES AND ADDRESSI		RS: ("X" BOX FOR ATTAC	· · · · · · · · · · · · · · · · · · ·	S BEFORE USING ATTA	CHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) OF DIRECTOR Name LAWRENCE DENOFIO			CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name PAUL GAY		
Street Address 107 MA	WIVEY ST.		Street Address 60 5PR	UCE ST.	
CIOYE. GREENWICH	, , , –	zip 02818	City WARWICK	State RI	Zip 2886
Director Name ROGER			Director Name		
Street Address 4 TANGLEWOOD TR.			Street Address		
CHY NARRAGANSE	T siate RI	Zip 02882	City	State	Zip
9. REGISTERED AGENT IN	N RHODE ISLAND	1		ı	1
This information is currently	y of record in the Offic	e of the Secretary of State	e. Changes require filing of F	orm 641 - R.I.G.L. 7-6-13	3/7-6-78
This report mu	ist be signed by either	the President, Vice Pres	ident, Secretary, Assistant S	Secretary, Treasurer, Rec	eiver or Trustee

	Under penalty of perjury, I declare and affirm to report, including any accompanying schedules at	
File Date 7-15-09	statements contained herein are true and correct.	
Check No	Signature of Officer THOMAS JOHNSTON	7/7/09
FOR SECRETARY OF STATE USE ONLY	Print on Type Name of Officer BOAR) CHAIR MAN	
	Title of Officer	Form 631 Rev. 09/17