



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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 2008

**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. 22052		2. Name of Corporation Christian Record Services, Inc.			
3. State of Incorporation DC		4. Corporate address in Rhode Island - Street Address		City	Zip
5. Foreign corporation. Enter principal office address 4444 S. 52nd Street		City Lincoln		State NE	Zip 68516-1302
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Larry Pitcher			Vice President Name		
Street Address 4444 S 52nd Street			Street Address		
City Lincoln	State NE	Zip 68516	City	State	Zip
Secretary Name Matthew Orian			Treasurer Name Matthew Orian		
Street Address 4444 S 52nd Street			Street Address 4444 S 52nd Street		
City Lincoln	State NE	Zip 68516	City Lincoln	State NE	Zip 68516
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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

FILED

AUG 03 2009

By *[Signature]*

29-95875

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer *[Signature]* Date *8/29/09*

Matthew Orian

Print or Type Name of Officer

VP for Finance/Treasurer

Title of Officer

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

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