

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

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 II) No.	2. Name of Corporation	. ^	1 01 1		
107501	C10951200	<u>ds Covena.</u>	t Church		
3. State of Incorporation		ode Island - Street Address	~`1	City	Zip
		3 Cranston	ञ.	Providence	02907
5. Foreign corporation. Enter princ	cipal office address		City	State	Zip
6. Brief Description of the character of	of the affairs which are act	ially conducted in Rhode Isla	for all Jali teaching, P MENT) [FILL IN SPACES BE	osalitico,	reach
10 establish	welth 12	Lin Burd	Total	reachine Da	ain's Firemal
7. NAMES AND ADDRESSES	OF THE OFFICERS:	C"X" BOX FOR ATTACH	MENT) [] FILL IN SPACES BE	FORE USING ATTACH	MENTS CONTINUE
Provident Manie			Vice President Vanua	•	MLI(13
Daster	Jaoni Smi	th-limbon	t_va.	- Timboo	
Street Address	1 .	· · · · · · · · · · · · · · · · · · ·	Street Address &		
376-378 Crav	eston St.		376-378 C	ravaston 5	st.
City	State	Zip	City	State	Zip
providence	2I	09967	Providence	NI	D2907
Secretary Name	<u></u>		Treasurer Name	1 0 10	
trenel Dolee			Aminata f. hany		
Street Address 278 Crancoton St.			Street Address	1 <1	
				to note	
City	State -	Zip NOANO	City	State C	Zip D O O O O
PVO D-CC-TVC	12 (02907	· [RI	02907
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTO	ORS OF A DOMESTIC	(RHODE ISLAND) C	ORPORATION <u>SHALL NOT B</u>	E LESS THAN THREE	(3). R.I.G.L. 7-6-23
Director Name There a	dlif		Director Name	- Morrie	t as
<u>`</u>	<u> </u>	<u> </u>	Vencana	- VV CLULLA	
378 Cran	eston St		Street Address 378 Cant	to C+	
City		724.	City		- 222
Dan Landon Co	n T	02907	Proposed once	State 2 T	A A A A A A
Disactor Namb	_ ·	00-101	Director Name	100	1230
Mellio	S. Fran	ces	Director Name		<u> </u>
Struct Address	1 _		Street Address		
Providence	e 378 Crc	inston St	on cer macress		2 H 2 C C C C C C C C C C C C C C C C C
City	State		City Providence	State	Zib S = S
Providence	127	00907	on providence		Zip :
9. REGISTERED AGENT IN		· ·		ı	' ω 🐪
Pastor Hav	RHODE ISLAND	Muo			``]
This information is currently of	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	he signed by either th	ne President Vice Presi	dent Secretary Assistant Secr	etary Treasurer Receiv	or or Trustee

File Date	FILED
Check N	" - JAN 2 9 2010
Ву	FOR SCHOOL SECULE USE ONLY
•	9

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 Signa AONI Print or Type Name of Officer

Form 631 Rev. 09/17