

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 2010
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.			<u> </u>			
1. Corporate ID No. 293 80	2. Name of Corporation SAINT	PHRAIM S	yrian churc	.H		
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address				City	<i>Σφ</i>	
RI als washington st			Lau	CENTRAL FAILS	09863	
5. Foreign corporation. Enter principal office address			City	State	Ζψ	
6 Brief Description of the character of	of the affairs which are act	wally conducted in Rhode Isla	and Tite A start 2	20 OT Colored LL 3	DILWICK	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island ITIS A NON. PROFIT CHARACH IN WHICH WE PROFIT FOR THE CHRISTIAN SEE.						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name JACQUES WEHBE			Vice President Numer JESNY LAMNY			
Street Address 702 SHIAFIGLO RD			Street Address 9 DORA 8T			
W. Provipance	State RI	^{रक्} ०२९०५	City PROVIOUNCE	State	^{Zip} 02.909	
Secretary Name AMANDA MANDONY			Treusurer Name CAMILLE FAZAH			
Street Address 375 C ANGEU ROAD			Street Address 7 WHI'S PENING PINES			
M. PROJICENC	State	zip 02904	CUMBERLAND	State C I	02864	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) 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 VACQUES WEHBE			CAMILE FAZALT			
Street Address 702 SMITH FLORD PLO			Street Address 7 WHISPAUN PINES			
N. Provode	State NI	^{z4} 02904	CUMBERLAND	State R_I	02864	
Director Name ENSEL NUAY			Director Name			
			Street Address			
N- ATTELORON	State MA	^{Z4} 02760	City	State	Zψ	
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 perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date FILED	statements contained herein are true and correct.
	Signature of Officer Date
Check NAMAY 1 1 2010	CAMILLE FAZAH
By: By 320/	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	TREASINER Title of Officer From 621 Bay 09/17