

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

2010 Providence, RI 02904-2615

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 ID No. 37881		CHAPEL			
3. State of Incorporation RT		ode Island - Street Address ROD ROA		EXETER	O2822
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of CHURCH 7. NAMES AND ADDRESSES			and IMENT) FILL IN SPACES BI	EFORE USING ATTAC	HMENT'S
REV. PHILIP H. CURTIS			Vice President Name GEORGE BAIN		
Street Address 52 CEPAR GROVE DR			Street Address LEA DR		
EXETER	State RI	^{Zip} 02822	N. KINGSTOWN	State RI	^{zip} 02852
Secretary Name ROBERT MUSHEN			Treasurer Name TIMOTHY A. HARRISON		
Street Address 49 MARIAN AVE			Street Address 5 C HOOL 5T.		
NARRAGANSETT	State RI	^{Zip} 02882	N. KING STOWN	State RI	02852
the state of the s			CHMENT) TILL IN SPACES B		
	ORS OF A DOMESTIC	(RHODE ISLAND)	CORPORATION SHALL NOT 1	RE LESS THAN THRE	E (3). R.I.G.L. 7-6-23
REV. PHILIP H. CURTIS			GEORGE BAIN		
Street Address 52 CEDAR GROVE DR. City EXETER State RI Zip 02812			Street Address 7 LEA DR		
EXETER	State RI	^{Zip} 02822	N. KINGSTOWN	State R I	O 2852
ROBERT MUSHEN			TIMOTHY A. HARRISON		
Street Address H9 MARIAN AVE			Street Address 5 c HOOL ST.		
City NARRAGANSETT 9. REGISTERED AGENT IN	1 1	01881	N. KINGSTOWN	State R.I	O2852
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					
File Date					
Check No	MAY 18 2010				
By: DV i	187cK1				
DY_ FOR	SECRETARY OF STATE USE ONLY				

Timothy A. Harrison	16 MAY 10
statements contained herein are true and correct.	statements, and mat ar
report, including any accompanying schedules and	statements, and that all
Under penalty of perjury, I declare and affirm that	at I have examined this

Jimothy A.	Harrison	16 MAY 10
Signature of Officer		Date

TIMOTHY A. HARRISON
Print or Type Name of Officer

TREASURER
Tule of Officer