



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 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.

1. Corporate ID No. 135684		2. Name of Corporation OASIS CHRISTIAN CHURCH	
3. State of Incorporation		4. Corporate address in Rhode Island - Street Address 10157 Shand Ave	
5. Foreign corporation. Enter principal office address		City Warwick	Zip 02889
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) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Lawrence M. Barbel		Vice President Name Oretha K. Boley	
Street Address 98 Comstock Ave		Street Address 576 Broad St.	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Secretary Name Meitta V. Twe		Treasurer Name Amelia Manston	
Street Address 947 Charles St. Apt # 13		Street Address 73 Newport St.	
City N. Providence	State RI	City Woonsocket	State RI
Zip 02904		Zip 02895	
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 Curt Nordhielm		Director Name Seokin E. Payne	
Street Address 200 Whitehall Rd		Street Address 157 Shand Ave	
City Hooksett	State NH	City Warwick	State RI
Zip 03106		Zip 02889	
Director Name Dan Clymer		Director Name	
Street Address 1300 Wellington Rd		Street Address	
City Manchester	State NH	City	State
Zip 03104		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

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 **Lawrence M. Barbel** Date **5/19/10**
Print or Type Name of Officer **Lawrence M. Barbel**
Title of Officer **President**

File Date	FILED
Check No.	MAY 21 2010
By	1953
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