

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

Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20/0

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 subjected.

401.222.3040

penalty fee of \$25.00.	is annual report within the time	e prescribed by law (R.I.G.L.	. 7-6-91) is subject to a
1. Corporate ID No. 2. Name of Corporation			
3. State of Incorporation 4. Corporate address in Rhode Island - Street Addr	GATIONAL Churc.		<u> </u>
1788 Broad STREET		Cranston	1 210
5. Foreign corporation. Enter principal office address	City	State	1 02905
6. Brief Description of the chamctor of the off) Z.p
6. Brief Description of the character of the affairs which are actually conducted in Rhode RELIGIOUS - NON - PROFIT	Island		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC	CHMENT) [FILL IN EDACE:	C 888055	
President Name FRED FULLECTON	Vice President Name (3)	_	CHMENTS
FRED FULLETTON Vice President Name C		Arol Carso	N/
32 WhitiN Ave	Street Address		
City State Zip		reeler Ave	<u>, </u>
WATNICK RI 02888 Secretary Name	Canston	State RI	^{Zip} 62905
Street Address 1 1 1	Treasurer Name Ido	ωυ Κυτί	
124 HARPER Ave	Stroot Address		
City State Zip	70 0	rla ST	
6. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA	Providence	State RI	02905
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) Director Name	CHMENT) FILL IN SPACES		CHMENTS
	Director Name	LESS THAN THRE	E (3). R.I.G.L. 7-6-23
HLAN WIRCH	STELLI	4 MARTIN	
38 Insependence Dr.	Street Address	-	
State Zip	48 1e	nnyson Ko	ad
NARWICK KI 02888	WARWICK	State	02888
reel Address	Director Name ALAU	Chamber-Lir	
2 DARTMOUTH 5T.	Street Address	CROFT AVO	
Warwick RT 02888 REGISTERED AGENT IN RHODE ISLAND	WARWICK	State RJ	²⁴ 02889
his information is currently of record in the Office of the Secretary of State	. Changes require filing of Fon	m 641 - R.I.G.I. 7-6-13/7	.6 78
This report must be signed by either the President, Vice Presi	dent Secretary Assistance	7	-0-70
The state of the s	Secretary, Assistant Sec	cretary, Treasurer, Receiv	er or Trustee

FILED

File Date

JUN 2 2010

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I report, including any accompanying schedules and statements contained berein	have examined this tements, and that all
	5/34/10
Signature of Officer Town O. Kuti	Date
Print or Type Name of Officer	
Title of Officer	