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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.	2. Name of Corporation		
31585	BELKNAP COMMUNITY CHURCH		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
R.I	500 GREENVILLE AVE.	JOHNSTON	02919
5. ~~Foreign corporation~~. Enter principal office address	City	State	Zip
(C/O CAROL MORIN - 452 GREENVILLE AVE.)			

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

CHURCH SERVICES

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
ARTHUR SADOWSKI	STEPHEN LAWTON
Street Address: 886 HARTFORD AVE	Street Address: 15 ROYER AVE.
City: JOHNSTON State: RI Zip: 02919	City: CRANSTON State: RI Zip: 02920
Secretary Name	**Treasurer Name**
MABEL E. KAYE	CAROL E. MORIN
Street Address: 450 GREENVILLE AVE.	Street Address: 452 GREENVILLE AVE
City: JOHNSTON State: RI Zip: 02919	City: JOHNSTON State: RI Zip: 02919

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	Director Name
SAME AS ABOVE	SAME AS ABOVE
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name	**Director Name**
SAME AS ABOVE	SAME AS ABOVE
Street Address:	Street Address:
City: State: Zip:	City: State: 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

[redacted] [redacted]

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.

Mabel E Kaye
Signature of Officer *Date*

MABEL E. KAYE
Print or Type Name of Officer

SECRETARY
Title of Officer

File Date	FILED m
Check No.	JUN 2 2010
By:	By M 312

FOR SECRETARY OF STATE USE ONLY

49257-1-497410

[redacted]

Form 631 Rev. 09/17