



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 2011**

**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. <b>01996</b>		2. Name of Corporation <b>Romany Assembly of God</b>	
3. State of Incorporation <b>RI</b>		4. Corporate address in Rhode Island - Street Address <b>464 Silver Spring</b>	
		City <b>Providence</b>	Zip <b>02904-1567</b>
5. Foreign corporation. Enter principal office address		City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>Church</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>Miller Thompson</b>		Vice President Name	
Street Address <b>174 Silver Spring St</b>		Street Address	
City <b>PROV</b>	State <b>RI</b>	Zip <b>02904</b>	City
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 <b>Board Member Charles Cabral</b>		Director Name <b>Board member Bill Button</b>	
Street Address <b>96 Clyde St.</b>		Street Address <b>618 Charlton St.</b>	
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Southbridge</b>
Director Name <b>Board member Richard Sfameni</b>		Director Name	
Street Address <b>20 Young St.</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City
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

**FILED**

JUL 05 2011

By \_\_\_\_\_

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*AS*

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.

*Miller Thompson*  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_  
Miller Thompson  
Print or Type Name of Officer \_\_\_\_\_  
President  
Title of Officer \_\_\_\_\_

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY