

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 20 \ 401.2 Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance Service Of the Component of the Co

penalty fee of \$25.00.						
1. Corporate ID No. 2. Name of Corporation Bible Chapel						
3. State of Incorporation	4. Corporate address in R.	hode Island - Street Address VAY Rd		Westerly	R 02891	
5. Foreign corporation. Enter prin	icipal office address	•	City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island CHURCH						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)						
Bernard Norman			Vice President Name Stephen	Larkin	and the second of the second o	
P.O. Box 943			243 Taugwonk Rd			
Brooklyn	State	06234	Stonington	State CT	04378	
Susan Weber			Treasurer Name Paul Nunes			
Street Address 130 Sharon Rd			Street Address Pequot Trail			
Mystic	State CT	06355	Stonington	State CT	^{Zip} 06378	
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 Scan Donohul			Director Name Alan Larkin			
Street Address 19 Rand	au Pagsa	ac	Street Address 18 Gcor	rge Street		
Westerly	State	™02891	Westerly	State R1	02891	
Director Name BERNARD NORMAN			PAUL NONES			
Street Address P.O.	Box 943		Street Address 1050 Pequ	iot Trail		
Brooklyn	State CT	zip 06234	Stonington	State CT	^{zip} 06378	
o. 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 report, including any accompanying schedules and	
File Date	statements contained herein are true and correct.	10/27/11
NOV 1 4 2011	Signature of Officer Susan L. Weber	Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Secretary	
	Title of Officer	Form 631 Rev. 09/17