

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEA. 2011

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

Entity ID No. Z. Exact name of the Corporation	THE PER PER PER PER PER PER PER PER PER PE
2. Exact haine of the Corporation	
3. State of Incorporation 3. State of Incorporation 4. Corporate Address in RI - Street Address	Worship Center
- KL 665 (-2000 Mach	ress - Ling Linguin OJ865
5. Foreign corporation. Enter principal office address	State 7 Zip
6. Brief description of the character of business conducted in Rhode Island	Ret
Church Services	
President Name	Vice-President Name
Street Address	Tony Palamasani)
665 George Washington Hu	Street Address & Hibis 19115 Stroot
State RJ. 210 05-865	City UPS fan State Zip
Secretary Name	Treasurer Name
Street Address	Street Address Dicicco
Gity George Washington HWY	2 Cuach Rd.
Lincoln State RJ- Zip 02865	City Attehur State Zip
* LIST ALL DIRECTORS (MANES AND ADDRESSES), BHODE SLAAK ("X" BOX-FOR ATTACHMENT)	COMPONATIONS NING LISTING LISS. THAN THREE (3) DIRECTORS
Director Name	Director Name
David Marquard Street Address o	Tony Palamisano
665 George Washington Hwy	3384 Hibs Cus Street
Lincoln State Zip Zip U2865	City State Zip
Ann Marnuard	Director Name / D.O.
Street Address A	Street Address A DiCicco
665 George Washington Hwy	82 Coath RN
Lincoln R.A. O3865	N. Attleburo Ma 02760 2756
D. REGISTERED AGENT IN SHOKE ISLAND WELLER WELLER TO CHEMICAL	A THE CONTRACT OF THE PROPERTY OF THE CONTRACT
This information is currently of record in the Office of the Secretary of	State. Changes require filing Form 641.
This report must be signed by either the President, Vice-Presider	nt, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee
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	10000	

Form No. 631 Revised: 01/2012

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.
The Dairy / larguard 2/10/12
Signature of Officer Date
REV. DAVID MARQUARD
Print or Type Name of Officer
PRESIDENT
Title of Officer