



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. 127625		2. Name of Corporation Grace Harbor Community Church	
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 9 Esten sr Providence	
		City Providence	Zip RI
5. Foreign corporation. Enter principal office address		City	State Providence
			Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island New Testament Church			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Ken McKay		Vice President Name None	
Street Address 9 Esten St		Street Address	
City Providence	State RI	City	State
Zip 02908			
Secretary Name Rebecca Rymer		Treasurer Name None	
Street Address 247 Rankin Ave		Street Address	
City Providence	State RI	City	State
Zip 02908			
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 Travis Rymer		Director Name Joel Gaddis	
Street Address 247 Rankin Ave		Street Address 94 Vera St.	
City Providence	State RI	City Warwick	State RI
Zip 02908		Zip 02886	
Director Name Joel Sedem		Director Name	
Street Address 425 Morris Ave		Street Address	
City Providence	State RI	City	State
Zip 02906			
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

File Date **FEB 15 2012**
Check No. **163650 11:18**
By: **BY**

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.

Signature of Officer **Ken McKay** Date **1-18-12**
Print or Type Name of Officer
President