



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 YEAR 2012

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.

1. Entity ID No. 26157		2. Exact name of the Corporation LAFAYETTE ADVENT CHRISTIAN CHURCH INC			
3. State of Incorporation RHODE ISLAND		4. Corporate Address in RI - Street Address 714 TEN ROD ROAD P.O. BOX 68		City NORTH KINGSTOWN	Zip 02852-0068
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island PREACHING GOD'S WORD					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DAVID A. SPRAGUE			Vice-President Name NONE		
Street Address 51 DEAN AVE			Street Address		
City NORTH KINGSTOWN	State R.I.	Zip 02852	City	State	Zip
Secretary Name AVIS WILLIS			Treasurer Name		
Street Address P.O. BOX 68			Street Address		
City NORTH KINGSTOWN	State R.I.	Zip 02852-0068	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name WILLIAM WILHETT			Director Name DAVID A. SPRAGUE		
Street Address 20 COOPER LANE			Street Address 51 DEAN AVE		
City EAST GREENWICH	State R.I.	Zip 02818	City NORTH KINGSTOWN	State R.I.	Zip 02852
Director Name PATRICIA SPRAGUE			Director Name		
Street Address 51 DEAN AVE			Street Address		
City NORTH KINGSTOWN	State R.I.	Zip 02852	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 Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By: _____

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FILED

MAY 11 2012

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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.

David A Sprague May 11 2012

Signature of Officer Date

DAVID A SPRAGUE

Print or Type Name of Officer

TREASURER

Title of Officer