

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. | 2. Exact nar | me of the Corporation | | | | |
|---------------------------------------------------------|---------------------|-----------------------|---------------------------------------|----------------------|--------------|-----------------|
| 53110 | Greater I | Providence churc | ch of Christ | | | |
| 3. State of Incorporation | 4. Corporate | Address in RI - Stree | t Address | Address City Zin | | Zip |
| RI | 2 Fernore | est Blvd | 1 - 2 | | 02911 | |
| 5. Foreign corporation. Enter | principal office ac | ldress | City | , L ., | State | Zip |
| 6. Brief description of the cha | aracter of business | s conducted in Rhode | Island | | | |
| Kengious | | | | | | |
| 7. LIST <u>all</u> officers (NA | MES AND ADDR | ESSES) ("X" BOX FO | OR ATTACHMENT) | 1 | | |
| President Name | | | Vice-President Name | | | |
| Lawrence Martineau | | | David Sutl | herland | | |
| Street Address | | | Street Address | s | | |
| 134 Pineville Road | | | 360 Whipp | ole Ave. | | |
| City | State | Zip | City | | State | Zip |
| Dayville | СТ | 06241 | Oakland | | RI | 02858 |
| Secretary Name | | | Treasurer Nar | me | L. | 1 |
| F. Haven Starr | | | F. Haven S | Starr | | |
| Street Address | | | Street Address | <u> </u> | | |
| 2 Ferncrest Blvd | | | 2 Ferncres | st Blvd. | | |
| City | State | Zip | City | | State | Zip |
| North Providence | RI | 02911 | North Prov | vidence | RI | 02911 |
| B. LIST <u>ALL</u> DIRECTORS (N ("X" BOX FOR ATTACHM | IAMES AND ADD | RESSES). RHODE IS | LAND CORPORATIO | ONS <u>MUST</u> LIST | NO LESS THAN | THREE (3) DIREC |
| Director Name | | | Director Name | | | |
| Lawrence Martineau | | | David Suth | herland | | |
| Street Address | | | Street Address | s | | |
| 134 Pineville Road | | | 360 Whipp | le Ave. | | |
| City | State | Zip | City | | State | Zip |
| Dayville | CT | 06241 | Oakland | | RI | 02858 |
| Director Name F. Haven Starr | | | Director Name | 9 | 1 | |
| Street Address 2 Ferncrest Blvd | | | Street Address | s | | |
| City | State | Zip | City | | State | Zip |
| North Providence | RI | 02911 | | | | , - - |
| DE0107-0-0 1 00-10-1 | RHODE ISLAND | | · · · · · · · · · · · · · · · · · · · | | | |
| D. REGISTERED AGENT IN | | | | | | |

| | FILED | Under penalty of perjury, I declare and affirm that I have | e examined |
|--------------------------------|--------------|------------------------------------------------------------|---------------|
| File Date | | this report, including any accompanying schedules an | d statements. |
| Check No | MAY 15 2012' | and that all statements contained herein are true and o | 5/14/12 |
| Ву: | * * , | Signature of Officer | Date |
| FOR SECRETARY OF STATE USE ONL | , 2162 | F. Haven Starr | |
| . OH OTHER DIE ONE | • | Print or Type Name of Officer | |

Form No. 631 Revised: 01/2012 Secretary / Treasurer

Title of Officer