RI SOS Filing Number: 201292896450 Date: 05/18/2012 4:00 PM

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 name of the Corporation		
90421	**Oasis of Grace Church of God**		
3. State of Incorporation	4. Corporate Address in RI - Street Address	City	Zip
Rhode Island	**464 Silver Spring Street**	**Providence**	**02904**
5. Foreign corporation. Enter principal office address	City	State	Zip

6. Brief description of the character of business conducted in Rhode Island
Religious - church

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Rev. Carl F. Russo			**Rev. Lucille Russo**		
Street Address			Street Address		
464 Silver Spring Street			**464 Silver Spring Street**		
City / State / Zip			City / State / Zip		
Providence	**RI**	**02904**	**Providence**	**RI**	**02904**
Secretary Name			Treasurer Name		
Lucille Russo			**Dennis Doura**		
Street Address			Street Address		
464 Silver Spring Street			**8 Division Street**		
City / State / Zip			City / State / Zip		
Providence	**RI**	**02904**	**Manville**	**RI**	**02888**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Dan Malark			**George Otis**		
Street Address			Street Address		
26 Almy Street			**16 Lyon Street**		
City / State / Zip			City / State / Zip		
Lincoln	**RI**	**02865**	**Pawtucket**	**RI**	**02860**
Director Name			Director Name		
Vic Meunier					
Street Address			Street Address		
11 Anthony Street					
City / State / Zip			City / State / Zip		
Cumberland	**RI**				

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: _____

FOR SECRETARY OF STATE USE ONLY FILED

MAY 18 2012

By _____

CK # 1216

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.

Rev. Lucille Russo 06/01/2012
Signature of Officer Date

Rev. Lucille Russo
Print or Type Name of Officer

Vice President, Secretary
Title of Officer

Form No. 631
Revised: 01/2012

78274-8-739117