



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/business

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. 28823		2. Exact name of the Corporation Christadelphian Ecclesia of Cranston, R.I. Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Religious Organization			
5. Principal office address 2104 Cranston Street			City Cranston	State RI	Zip 02920-3900
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Paul F. Haughton			Vice-President Name Stephen Haughton		
Street Address 148 Missouri Drive			Street Address 160 Mishnock Road		
City Warwick	State RI	Zip 02886-8119	City West Greenwich	State RI	Zip 02817-1669
Secretary Name			Treasurer Name Christopher Clark		
Street Address			Street Address 519 Putnam Pike PO Box 455		
City	State	Zip	City Harmony	State RI	Zip 02829
7. 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 Raymond Entwistle			Director Name Elliott Lewin, Sr.		
Street Address 184 Fairway Drive			Street Address Chestnut Hill Road PO Box 248		
City Attleboro	State MA	Zip 02703-2741	City Chepachet	State RI	Zip 02814-0248
Director Name Bruce Haughton			Director Name Elliott Lewin, Jr.		
Street Address 306 Hope Street			Street Address 63 Steere Farm Road		
City North Attleboro	State MA	Zip 02760-3922	City Harrisville	State RI	Zip 02830-1511
8. 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

BY

FILED

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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.

Paul F. Haughton

05/21/2012

Signature of Officer

Date

Paul F. Haughton

Print or Type Name of Officer

President

Title of Officer