



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. 29865		2. Exact name of the Corporation Word of Life Covenant Church			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island PROMOTION OF THE GOSPEL OF JESUS CHRIST AND WORLD EVANGELISM			
5. Principal office address 1308 Phenix Avenue			City Cranston	State RI	Zip 02921
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Bernadette Kimball			Vice-President Name		
Street Address 24 Baldwin Drive			Street Address		
City Greenville	State RI	Zip 02828	City	State	Zip
Secretary Name Robert Coletta			Treasurer Name John Rutkowski		
Street Address 12 Windsor Drive			Street Address 138 Lexington Ave.		
City Barrington	State RI	Zip 02806	City Cranston	State RI	Zip 02910
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 Bernadette Kimball			Director Name Robert Coletta		
Street Address 24 Baldwin Drive			Street Address 12 Windsor Drive		
City Greenville	State RI	Zip 02828	City Barrington	State RI	Zip 02806
Director Name John Rutkowski			Director Name Tracy Metzger		
Street Address 138 Lexington Ave.			Street Address 6 Sterling Ridge Lane		
City Cranston	State RI	Zip 02910	City Sterling	State CT	Zip 06377
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

FILED

File Date _____

Check No _____

By: _____ **BY** _____

JUN 07 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.

Bernadette Kimball 5/28/12
 Signature of Officer Date

Bernadette Kimball

Print or Type Name of Officer

President

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