

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

10/2

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.

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1,2,	2. Exact name of the Corporation			
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	Westside Tabernada. 4. Brief description of the character of both	a DaPIST Church	+ Compresents	House
State of Incorporation	4. Brief description of the character of be	usiness conducted in Rhode Island		
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1 1	Religious			
5. Principal office address		low.		
	CA.	City D	State Zip 029	^
159 Bridgham	27	City Providence	State Zip 029	0 ዓ
6. LIST ALL OFFICERS (NAME	S AND ADDRESSES) ("X" BOX FOR AT	TACHMENTY CARROLL TO SECOND		
President Name	The state of the s	Vice-President Name		
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Secretary Name	6 0	Treasurer Name	10-1	
I William Ho	Warel	Juseph Moore		
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1 Pantadet	1 ME 102860	Providence		7 7
	1000	1 Ironauna	100 1001	<u> </u>
1. LIST ALL DIRECTORS (NAM	ES AND ADDRESSES). RHODE ISLANI	CORPORATIONS MUST LIST NO I	ESS THAN THREE (3) DIF	RECTORS
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Director Name	100 104		112	<u> </u>
7/	61.00	Director Name	0 0	
Lydia Brocewell Abraham K			leh	i
Street Address	4	Street Address		
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City A	State Zip	1 Chater		
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Mudence	RI 02907	1 Providence	State Zip O-280	8
8. REGISTERED AGENT IN PHO	DE ISLAND	and the state of t		(0.2)
This information is currently of	record in the Office of the Secretary of	State Changes require filling Fam.		
This report most be at	and he although Do 11 and Control of	Cutto, Changes require ming Form	641. <u>C</u>	ا إنس أحد
rnis report must be sig	ned by either the President, Vice-Preside	ent, Secretary, Assistant Secretary, Trea	asurer, Receiver or Tr uet ee	()
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		Under penalty of perjury, I declar	re and affirm that I have ex	
File Date	JUN 08 2012	this report, including any accom	panying schedules and st	Mements
The state of the s	$\sim \sim \sim \sim$	and that all statements contained	d herein are true and corre	a⊟0:
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By: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Signature of Officer	7	ate
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FOR SECRETARY OF STATE I	ISE ONLY!	NOV. 10 G//NEW/	V. KAC	
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Form No. 631		_ rus/0x		
Revised: 05/2012		Title of Officer		