

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20/2 401.22

Filing Period: June 1 - June 30 Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual reheat within the time three control and the law (B.I.G.L. 7-6-94, each corporation failing or refusing to file its annual reheat within the time three control and the law (B.I.G.L. 7-6-94, each corporation failing or refusing to file its annual reheat within the time three control and the law (B.I.G.L. 7-6-94, each corporation failing or refusing to file its annual reheat within the time three controls.

1. Corporate ID No. <b>92517</b>	2. Name of Corp		05						
		Christ Temple United Pentecostal Church, Inc.							
3. State of Incorporation	1 '	fress in Rhode Island - Street 2	Address	City	Zip				
RI	1198 Fish F			Tiverton	02878				
5. Foreign corporation.	Enter p <b>r</b> incipal office addres	S	City	State	Zip				
6. Brief Description of the c	baracter of the affairs which	b are actually conducted in Ri	bode Island						
Conducting Christia	n Worship Services								
7. NAMES AND ADD	RESSES OF THE OFF	ICERS: ("X" BOX FOR A	TTACHMENT) 🗹 FILL IN SPA	ACES BEFORE USING AT	TACHMENTS				
President Name			Vice President Name						
Jay R. Stimemann	<u> </u>		NONE						
Street Address			Street Address						
165 Colonial Ave									
City	State	Zip	City	State	Ζip				
Tiverton	RI	02878							
Secretary Name			Treasurer Name	Treasurer Name					
Tracy J. Caron			Tracy J. Caron						
Street Address 2662 Main Rd			Street Address 2662 Main Rd						
City	State	Zip	City	State	Zip				
Tiverton	RI	02878	Tiverton	RI	02878				
8. NAMES AND ADD	RESSES OF THE DIR	ECTORS: ("X" BOX FOR	ATTACHMENT) TILL IN SP.	ACES BEFORE USING AT	TACHMENTS				
THE NUMBER OF D	IRECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	L NOT BE LESS THAN T	IREE (3). R.I.G.				
Director Name			Director Name						
Roger LePage			Steve Birge						
Street Address	- <u></u> -	<u> </u>	Street Address						
31 Bayside Ave			45 Everett St.						
City	State	Zip	City	State	Zip				
Swansea	MA	02777	Somerset	MA	02726				
Director Name			Director Name						
Donald Mays			Lee Frombach						
Street Address			Street Address						
88 Varao Ave			341 Palmer St # 2						
	State	Zip	City	State	Zip				
City	1844	02726	Fall River	MA	02724				
City Somerset	MA		Changes require filing of I	Form 641 - R.I.G.L. 7-6-1	3 / 7-6-78				
City Somerset	IMA ENT IN RHODE ISLAN	VD - DO NOT ALTER -	• •						
City Somerset		ND - DO NOT ALTER -	Address						
City Somerset 9. REGISTERED AGI		ND - DO NOT ALTER -	1	Zip					

	9 2 5 1 7	FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date			statements coordinate herein are true and correct.  Signature of Officer  Date
Check No By:		10544	Jay R. Stirnemann Print or Type Name of Officer
FOR	SECRETARY OF STATE USE ONLY		President  Title of Officer





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NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject

to a penalty fee of \$25.00.									
1. Corporate ID No. 92517	2. Name of Corpo	2. Name of Corporation							
3. State of Incorporation	4. Corporate addr	ress in Rhode Island - Street A	address		City	<del></del> -	Zip		
5. Foreign corporation. Enter principal office address				<u></u>	State		Zip		
6. Brief Description of the chan	acter of the affairs which	are actually conducted in Rb	ode Island			<u> </u>			
7. NAMES AND ADDRE	SSES OF THE OFF	CERS: ("X" BOX FOR AT	TACHMENT	)   FILL IN SPACES	BEFORE USI	NG ATTACH	HMENTS		
President Name				Vice President Name					
Street Address			Street	Street Address					
Сиу	State	Zip	City		State		Zip		
Secretary Name		•	Treas	Treasurer Name					
Street Address	Street Address			Street Address					
City	State	Zip	City		State		Zip		
8. NAMES AND ADDRE	l SSES OF THE DIRE	} ECTORS: <i>("x" box for</i> .	 ATTACHME!	97)□ FILL IN SPACE	 S REFORE LIST	NG ATTACI	 HMENTS		
THE NUMBER OF DIRI									
Director Name				tor Name	1 22 1200 411	2R17 111RLD2	2 (3). R.I.G.L. 7-0-23		
Edward Rogers									
Street Address			Street	Street Address					
70 Barrows St. #6									
City Fall River	State MA	<sup>Zip</sup> 02724	City		State		Zip		
Director Name			Direc	tor Name					
Street Address			Street	Street Address					
Сйу	State	Zip	City		State	***	Zip		
9. REGISTERED AGENT	   IN RHODE ISLAN	 D - DO NOT ALTER - (	hanges re	quire filing of Form	   641 - Rigi	7.6.13 / 7	 7_6_ <b>7</b> 8		
Agent Name			Addire			,			
Address	Address			Сйу		Zip			
This report n	nust be signed by ei	ther the President Vice	resident,	Secretary, Assistant S	ecretary, Treas	urer, Receiv	ver or Trustee		
		JUN 18 2	2012						
9 2		Q	1	Under penalty of pe report, including any	rjury, I declare a	and affirm th	at I have examined this d statements, and that all		
File Date		1,500	, ,	statements contained	l herein are true a	and correct.	. –		
Check No.				Signature of Officer			Date		
	· · · · · · · · · · · · · · · · · · ·			Print or Type Name o	f Officer		<u> </u>		
By:	OF STATE USE ONLY			v. sype truste of	, оджи				
FOR SECRETARY			Title of Officer						