



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. 55065		2. Exact name of the Corporation SOUTH COUNTY CHURCH OF CHRIST			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island CHURCH			
5. Principal office address 3510 TOWER HILL ROAD, P.O. BOX 5486		City WAKEFIELD	State RI	Zip 02880	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name TIMOTHY FALLER		Vice-President Name RAYMOND S. HASSELL			
Street Address 10 HILLVIEW DRIVE		Street Address 150 POND STREET			
City WESTERLY	State RI	Zip 02891	City WAKEFIELD	State RI	Zip 02879
Secretary Name ANDREA HOLLAND		Treasurer Name CYNTHIA J. HASSELL			
Street Address 135 BISCUIT CITY ROAD		Street Address 150 POND STREET			
City CHARLESTOWN	State RI	Zip 02813	City WAKEFIELD	State RI	Zip 02879
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 S. HASSELL		Director Name TIMOTHY FALLER			
Street Address 150 POND STREET		Street Address 10 HILLVIEW DRIVE			
City WAKEFIELD	State RI	Zip 02879	City WESTERLY	State RI	Zip 02891
Director Name JASON W. HOLLAND		Director Name KAREN KERSHAW			
Street Address 135 BISCUIT CITY ROAD		Street Address 135 BISCUIT CITY ROAD			
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
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: _____ **BY**
FOR SECRETARY OF STATE USE ONLY

FILED
 JUN 20 2012
 5942

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.

Cynthia J. Hassell **6/19/2012**
 Signature of Officer Date

CYNTHIA J. HASSELL
 Print or Type Name of Officer

TREASURER
 Title of Officer