

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 JU	LY 30 WILL RESULT	IN A \$25.00 PI	ENALTY F	E F
1. Entity ID No. 2. Exact name	2. Exact name of the Corporation				
29355 SL	Edwards	- Churc	hof	Pan	stucker
State of Incorporation 4. Brief description	otion of the character of bus	siness conducted in Dh.			
RI Rom	an Cathy	his Ch	unch	- 1 P	7
5. Principal office address	ouse of	novo	lense.	(~	
58 Hancock	Street	The A	be la s	tate	Zip
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
PresidentName	Bishes of	Vice-President Name			
Momas & John	Pland	Robert	٠ 🗲 🗀	a	ufiliary
Street Address 0 1/0	2 10	Street Address	-· <u>~~</u>		Bishop
City State	7	One (ather	hal	Sa
Providence RI Secretary Name	0 2 9 0 B	City Prov	S	Tate T	Zip 2202
The	レ・	Treasurer Name		1 11	- 7903
Street Address	King	Mark	0 1/ X/	allis	an - Part
41 Hope &	V O	Street Address	lancos	k.	SI
, land RI	02860	City Pour		itate T	Zip 277.5
("X" BOX FOR ATTACHMENT)					
Director Name		Director Name	_	 -	
Mary Gra	4	Haral	$\rho \rightarrow -$	Si	Iran
Street Address	1110	Street Address		11	
City	SV	153	Chan	elde	a ave
Part RT	Zip	City F	9	state	Zip
Director Name	02860	Director Name		K7	02860
- Robert Rens	dia .	Director Name	0	72	A-1
Street Address	11	Street Address	mond	d)a	laton
378 Weeden	$\mathcal{A}V$	25	Red	11.	11
City Paul State RI	Zip. 02860	City Part		State	Zip
8. REGISTERED AGENT IN RHODE ISLAND		· usy		171	02860
This information is currently of record in the Office of the Secretary of State. Changes require filling Form 641.					
This report must be signed by either the President, Vice-President; Secretary, Assistant Secretary, Treasurer, Receiver or Trustee					
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File Date		ans tehott' iličifidil	ng anv accomba	iRvina eche	hat I have examined dules and statements,
Check No 2 173 150		and that all statement	ents contained i	nereln are tr	ue and correct.
<u> </u>	Oliu i =	Signature of Officer	noises	N 1/6	Vugan /13
FOR SECRETARY OF STATE USE ONLY	OI HA IS MUL STOS	<i>•</i>	ARLES	H	CaALLICAN
	I_SNOLLYNOFADD	Print or Type Name			TITO GATIY
Hounge 631 TAI	S 40 AMMIENTS	Treasu	res of	The	Cont
Selected resignation	The second secon	Title of Officer	- 6	,,,,	corp.
		Pastor	1 18	. 01	much
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