



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. 28097		2. Exact name of the Corporation Calvary Bible Church of Narragansett			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Business of the church			
5. Principal office address 32 Avic St		City Narragansett	State RI	Zip 02879	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jerry Thibodeaux		Vice-President Name Jack Holland			
Street Address 35 Auburn Rd		Street Address 365 Leisure Dr			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Jennifer Ambrad		Treasurer Name Jennifer Ambrad			
Street Address 14 Rose Cir		Street Address 14 Rose Cir			
City Wakefield	State RI	Zip 02879	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 Timothy Abbiati		Director Name John Carey			
Street Address 32 Avic St		Street Address 40 Christopher St			
City Narragansett	State RI	Zip 02882	City Wakefield	State RI	Zip 02879
Director Name Richard Nooney		Director Name Jamiel J. Ambrad, MD			
Street Address 468 Kingstown Rd, Unit #1		Street Address 14 Rose Cir			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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: _____

FOR SECRETARY OF STATE USE ONLY

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.

FILED

Jennifer D. Ambrad 6/27/2012
 Signature of Officer, Date

JUN 28 2012

Jennifer D. Ambrad

Print or Type Name of Officer

Treasurer

Title of Officer

3407