



**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. <b>704034</b>		2. Exact name of the Corporation <b>CHRISTIAN OUTREACH MINISTRY</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>GOSPEL MINISTRIES - RELIGIOUS, CHARITABLE AND EDUCATIONAL PURPOSES</b>			
5. Principal office address <b>P.O. BOX 147</b>			City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>JO-ANN ALBANESE</b>			Vice-President Name <b>CAROL GRAZIANO</b>		
Street Address <b>P.O. BOX 147</b>			Street Address <b>250 BENEFIT STREET</b>		
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>CHERYL HUNTINGTON</b>			Treasurer Name		
Street Address <b>255 PROMENADE STREET</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	City	State	Zip
<b>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"/></b>					
Director Name <b>JO-ANN ALBANESE</b>			Director Name <b>JAY R. KATZMELSON</b>		
Street Address <b>P.O. BOX 147</b>			Street Address <b>23 ACORN STREET</b>		
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
Director Name <b>CHERYL HUNTINGTON</b>			Director Name		
Street Address <b>255 PROMENADE STREET</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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**  
 BY AL 180119

**FILED**

**OCT 01 2012**

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.

Signature of Officer [Signature] Date 10/1/12

JO-ANN ALBANESE  
 Print or Type Name of Officer

PRESIDENT  
 Title of Officer