



**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 **2013**

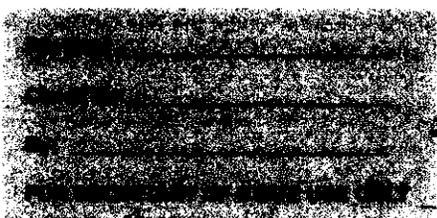
Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

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>2822</b>		2. Exact name of the Corporation <b>THE NEW HBC WORSHIP CENTER</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>TO PROMOTE THE KINGDOM OF GOD THROUGH THE WORLDWIDE EVANGELISM OF THE GOSPEL OF JESUS CHRIST</b>			
5. Principal office address <b>229 MAPLE AVENUE</b>		City <b>NEWPORT</b>		State <b>RI</b>	Zip <b>02840</b>
President Name <b>RICHARD D. SPENCER, SR</b>		Vice-President Name <b>JAMES W. PALMER, JR</b>			
Street Address <b>101-B NIAGARA STREET</b>		Street Address <b>3 BOULEVARD</b>			
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
Secretary Name <b>NORMA D. JOHNSON</b>		Treasurer Name <b>AVA CROMWELL</b>			
Street Address <b>35 CALLENDAR AVE</b>		Street Address <b>22 ROSA TERRACE</b>			
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
Director Name <b>RICHARD C. SPENCER, SR.</b>		Director Name <b>JAMES W. PLAMER, JR.</b>			
Street Address <b>101-B NIAGARA STREET</b>		Street Address <b>3 BOULEVARD</b>			
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
Director Name <b>NORMA D. JOHNSON</b>		Director Name <b>AVA CROMWELL</b>			
Street Address <b>35 CALLENDAR AVENUE</b>		Street Address <b>22 ROSA TERRACE</b>			
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</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*



**FILED**

**JUN 04 2013**

**2576**

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.

*Norma D. Johnson* 30 May 13  
 Signature of Officer Date

**NORMA D. JOHNSON**

Print or Type Name of Officer

**SECRETARY**

Title of Officer