



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. 98219		2. Exact name of the Corporation THE SOLID ROCK CHURCH OF THE ASSEMBLIES OF GOD			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island			
5. Principal office address 1753 PHENIX AVENUE			City CRANSTON	State RI	Zip 02921
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Rev. Richard K. Leahey			Vice-President Name		
Street Address 42 West Street			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Carmen Fields			Treasurer Name Maureen Vega		
Street Address 150 Arcadia Avenue			Street Address 5137 Flat River Road		
City Cranston	State RI	Zip 02910	City Coventry	State RI	Zip 02827
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 Ronald Andrews			Director Name Ronald Fuvich		
Street Address 38 Martin Street			Street Address 111 Harvard Street		
City Coventry	State RI	Zip 02816	City Cranston	State RI	Zip 02920
Director Name David Poole			Director Name		
Street Address 96 Cochran Street			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
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

Maureen Vega 6-8-2013
 Signature of Officer Date

JUN 20 2013

Print or Type Name of Officer

BY 2583 Title of Officer