

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 - J Filing Fee: \$20.00 • FAIL			or printed legibly. JLY 30 WILL RESULT IN A \$25.00	PENALTY F	EE.	
1. Entity ID No.	2. Exact name of the Corporation					
31244	Combonians Community METHODIST CHERCH					
3. State of Incorporation	4. Brief description	on of the character of bu	usiness conducted in Rhode Island			
RI	Coperce	V - RELIG	1005 OLGANIZAT	10N		
5. Principal office address	BARROW	5 S7R55T	City Comben (AN)	State	Zip O2 Sec. 9	ر س
6. LIST <u>ALL</u> OFFICERS (NAME	S AND ADDRESS	ES) ("X" BOX FOR AT			ᇔ	30
President Name Bruis WILSON			Vice-President Name			
Street Address 16 WOODLAND STREET			Street Address 25 27			RARY ARY
City	State 2I	Zip 02865	City	State	Zip 👺	2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Secretary Name ALL HAMILTON			Treasurer Name	157	2: 0	STAT
Street Address FISK AVENUE			Street Address SCOTIA DRIVES - M			
Combercans	State	Zip	City Cum BERLAND	State 2	Zip 02\$1	2 ¢
7. LIST <u>ALL</u> DIRECTORS (NAM ("X" BOX FOR ATTACHMENT		SES). RHODE ISLANI	CORPORATIONS MUST LIST NO	LESS THAN TI		
Director Name Seuco Wilson			Director Name LINDGUIST			
Street Address 16 Word CANS COURT			Street Address SCOTIA DRIVET			
City	State	2ip 02864	City Cum BERLAND	State	Zip 028	264
Director Name ANC AAMICTON			Director Name 15 RASFORD HUNT			
Street Address 150 FISK AVENUS			Street Address 280 BRYANT STROW			
CIMBERLAND	State RI	Zip 02+64	City Cum BER (AND)	State	Zip O2 J	44
8. REGISTERED AGENT IN RHO	DE ISLAND			•		7
This information is currently of	record in the Off	ice of the Secretary of	f State. Changes require filing Form	641.		
This report must be si	gned by either the	President, Vice-Preside	ent, Secretary, Assistant Secretary, Tre	asurer, Receive	er or Trustee	
FILED (Hadar nanalty of naviury I dealer	ero and affirm	ihat I have s	rominad
File Date			Under penalty of perjury, I decla			

File Date _	JUN 2 5 2813
Check No	on 200+3/

FOR SECRETARY OF STATE USE ONLY

Form No. 631 Revised: 05/2012 Signature of Officer PAUL G. LINDGUIST Print or Type Name of Officer TREASURER Title of Officer