



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. 27215		2. Exact name of the Corporation FIRST CHRISTIAN CHURCH OF COVENTRY, R.I.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island FIRST CHRISTIAN CHURCH OF COVENTRY PROVIDES SUNDAY SERVICES AND ASSISTANCE AND HELP TO OUR COMMUNITY			
5. Principal office address 63 VAUGHN HOLLOW ROAD		City GREENE	State R.I.	Zip 02827	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES). ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name LOUIS SHERMAN			Vice-President Name RALPH McDOWGL		
Street Address 2560 HARKNEY HILL RD			Street Address 55 BARBS HILL RD		
City COVENTRY	State R.I.	Zip 02816	City GREENE	State R.I.	Zip 02827
Secretary Name JEAN V SALEMI			Treasurer Name BERYL LIVINGSTON		
Street Address 3 MANCHESTER CIRCLE APT. 6			Street Address 54A HOWARD HILL RD		
City COVENTRY	State R.I.	Zip 02816	City FOSTER	State R.I.	Zip 02821
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 MICHAEL ETHIER			Director Name GERALD DE NUCCIO		
Street Address P.O. Box 235			Street Address 150 POTTER ROAD		
City WESTERLY	State R.I.	Zip 02891	City GREENE	State R.I.	Zip 02827
Director Name HOWARD FLEMING			Director Name BERYL LIVINGSTON		
Street Address 26 CARLSON STREET			Street Address 54A HOWARD HILL RD		
City COVENTRY	State R.I.	Zip 02816	City FOSTER	State R.I.	Zip 02821
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

FILED

JUL 22 2013

BY 2274

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.

Jean V Salemi
 Signature of Officer Date

JEAN V. SALEMI
 Print or Type Name of Officer

CLERK & SECRETARY
 Title of Officer

File Date _____
 Check No _____
 By _____
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