



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. <u>105486</u>		2. Exact name of the Corporation <u>The New City Church, Inc</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>church</u>	
5. Principal office address <u>5 Monongahela Ave</u>		City <u>No. Providence</u>	State <u>RI</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Richard Leonard</u>		Vice-President Name <u>Meredith Leonard</u>	
Street Address <u>5 Monongahela Ave</u>		Street Address <u>5 Monongahela Ave</u>	
City <u>No. Prov</u>	State <u>RI</u>	Zip <u>02911</u>	City <u>No. Prov</u>
Secretary Name <u>Victory Peniel</u>		Treasurer Name <u>Meredith Leonard</u>	
Street Address <u>275 Wickenden St</u>		Street Address <u>5 Monongahela Ave</u>	
City <u>Prov.</u>	State <u>RI</u>	Zip <u>02906</u>	City <u>No. Prov</u>
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 <u>Richard Leonard</u>		Director Name <u>Victory Peniel</u>	
Street Address <u>5 Monongahela Ave</u>		Street Address <u>275 Wickenden St</u>	
City <u>No. Prov</u>	State <u>RI</u>	Zip <u>02911</u>	City <u>Prov.</u>
Director Name <u>Meredith Leonard</u>		Director Name <u>None</u>	
Street Address <u>5 Monongahela Ave</u>		Street Address	
City <u>No. Prov</u>	State <u>RI</u>	Zip <u>02911</u>	City
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

FILED

AUG 13 2013

3:35 pm

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VM

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.

Meredith Leonard 8/13/13  
Signature of Officer Date

Meredith Leonard  
Print or Type Name of Officer

Vice President  
Title of Officer