



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.<br><b>56858</b>   |                    | 2. Exact name of the Corporation<br><b>Christian Bible Fellowships of Rhode Island</b>  |  |                     |                     |
| 3. State of Incorporation<br><b>RHODE ISLAND</b>   |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Biblical Research, Religious Teaching and Fellowship Ministry</b> |  |                     |                     |
| 5. Principal office address<br><b>1201 Greenwich Avenue</b>  |                    | City<br><b>Warwick</b>  | State<br><b>RI</b>                             | Zip<br><b>02886</b> |                     |
| <b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>  |                    |   |  |                     |                     |
| President Name<br><b>Pamela L. Bzdyra</b>  |                    |   | Vice-President Name<br><b>Victor Gluckin</b>   |                     |                     |
| Street Address<br><b>9 Benjamin Street</b>   |                    |   | Street Address<br><b>1201 Greenwich Avenue</b> |                     |                     |
| City<br><b>Warwick</b>   | State<br><b>RI</b> | Zip<br><b>02818</b>   | City<br><b>Warwick</b>                         | State<br><b>RI</b>  | Zip<br><b>02886</b> |
| Secretary Name<br><b>Charles Doherty</b>   |                    |   | Treasurer Name<br><b>Timothy Tibbetts</b>      |                     |                     |
| Street Address<br><b>138 Budlong Avenue</b>  |                    |   | Street Address<br><b>83 Conanicus Road</b>     |                     |                     |
| City<br><b>Warwick</b>   | State<br><b>RI</b> | Zip<br><b>02888</b>   | City<br><b>Narragansett</b>                    | State<br><b>RI</b>  | Zip<br><b>02882</b> |
| <b>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"/></b> |                    |   |  |                     |                     |
| Director Name<br><b>Richard T. Bzdyra</b>  |                    |   | Director Name<br><b>Joelle M. Brown</b>        |                     |                     |
| Street Address<br><b>9 Benjamin Street</b>   |                    |   | Street Address<br><b>615 Knotty Oak Road</b>   |                     |                     |
| City<br><b>Warwick</b>   | State<br><b>RI</b> | Zip<br><b>02818</b>   | City<br><b>Coventry</b>                        | State<br><b>RI</b>  | Zip<br><b>02816</b> |
| Director Name<br><b>TIMOTHY TIBBETTS</b>   |                    |   | Director Name                                  |                     |                     |
| Street Address<br><b>83 CONANICUS ROAD</b>   |                    |   | Street Address                                 |                     |                     |
| City<br><b>NARRAGANSETT</b>  | State<br><b>RI</b> | Zip<br><b>02882</b>   | City   | State               | Zip                 |
| <b>8. REGISTERED AGENT IN RHODE ISLAND</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

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

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**FILED**

**SEP 13 2013**

Form No. 631  
Revised: 05/2012

By: [Signature]  
CR # 7434

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.

[Signature] Date 6/27/13

Signature of Officer

**Pamela L. Bzdyra**

Print or Type Name of Officer

**President**

Title of Officer