



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. 000299899		2. Exact name of the Corporation COMMUNITARIAN CHRISTIAN CHURCH			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO WORK FOR JUSTICE, FOR EQUALITY AND SOLIDARITY IN THE COMMUNITY.			
5. Principal office address 74 Algonquin Street		City Providence		State RI	Zip 02907
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Elcida Garcia		Vice-President Name Antonio Aquino			
Street Address 73 Westwood Ave		Street Address 74 Algonquin Street			
City Cranston	State RI	Zip 02905	City Providence	State RI	Zip 02907
Secretary Name Vivian Moreno		Treasurer Name Rocio Aquino			
Street Address 37 Sibley Street		Street Address 96 Sterling Street			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02909
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Ormandis D. Aquino		Director Name Rosalba Tejada			
Street Address 96 Sterling Street		Street Address 95 Norkolf Street			
City Providence	State RI	Zip 02909	City Cranston	State RI	Zip 02910
Director Name Nidia E. Vanderhorst		Director Name Nelson B. Decamps			
Street Address 74 Algonquin Street		Street Address 255 Orms Street			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02908
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

SEP 24 2013

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11:04

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 of Officer

Antonio Aquino

Print or Type Name of Officer

Vice-President

Title of Officer

09/23/2013

Date