

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

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1. Entity ID No. 2. Exact name (of the Corporation			
514366	c , c.	i Kall i		
247000	Sacred Exchange Fellowship 4. Brief description of the character of business conducted in Rhode Island			
	on of the character of b	usiness conducted in Rhode Island	•	
	hurch - no			
5. Principal office address 5. DINSION S		Warmick/E Green	A Staro	Zip 02818
LIST ALL OFFICERS (NAMES AND ADDRES President Name	SES) ("X" BOX FOR AT	Vice-President Name		
Michael Caparelli		LOUIS RICCIO	replace	L Val TURA
Street Address 75 DIVISION ST		Street Address	uct	-
city Warmck State RI	Zip 02818	City Providence	State	Zip 02908
Secretary Name William Button		Treasurer Name		
Street Address				- 8 3
618 Charlton St	T-m	Street Address IMSQlina St	uet	
Southbridge State M4	01550	City Providence	State RI	
. LIST ALL DIRECTORS (NAMES AND ADDRE ("X" BOX FOR ATTACHMENT)	SSES). RHODE ISLAN	D CORPORATIONS MAJEST LIST NO	LESS THAN	THREE (3) DETECTORS
Director Name		Director Name		<u> </u>
Richard Stamoni		Charles Cabi	7 (_	4 . T
Street Address 321 Veg Zie St.		Street Address		
City O State.	Zip A 200 L	City Pawtucket	1 State	Zip A.G.
City Providence State RI	02904		KI	2 02860
Director Name William Button		Director Name NUNE		
Street Address 618 Charl-ton St		Street Address		
City State	Zip	City	State	Zip
Surtriuriage MIFT	01550		<u>. L</u>	
. REGISTERED AGENT IN RHODE ISLAND This information is currently of record in the Of	fice of the Secretary o	f State, Changes require filing Form	641	
This report must be signed by either the				ver or Trustee
	FILED	,		or removed
	OCT 2 L 2013	Under penalty of perjury, I declar	ire and affirm	n that I have examined
File Date	510245D	this report, including any accordant that all statements of the control of the co	npanyin a sch	redules and statements
Check No	10,0	-Mull	Huchu	11 pall 10/1
Ву:		Signature of Officer	1 (Date /
FOR SECRETARY OF STATE USE ONLY		Print of Type Name of Officer MICHAEL CAPARTELLI 10/11		
orm No. 631		President		
levised: 05/2012		Title of Officer		