



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. 28097		2. Exact name of the Corporation Calvary Bible Church of Narragansett			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Church - Non Profit			
5. Principal office address 32 Avice Street			City Narragansett	State RI	Zip 02882
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jerry Thibodeaux			Vice-President Name Pastor Tim Abbiati		
Street Address 35 Auburn Road			Street Address 32 Avice Street		
City Wakefield	State RI	Zip 02879	City Narragansett	State RI	Zip 02882
Secretary Name			Treasurer Name Jerry Thibodeaux		
Street Address			Street Address 35 Auburn Road		
City	State	Zip	City Wakefield	State RI	Zip 02879
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 Debbie Flynn			Director Name Elvera Dame		
Street Address 54 Kimberley Dr.			Street Address 8 Acorn Court, Apt. E3		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Brad Smith			Director Name		
Street Address 30 Lady Slipper Trail			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
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

File Date _____

DEC 03 2013

Check No _____

BY 3678

By: _____

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.

Jerry Thibodeaux 12/1/13
 Signature of Officer Date

Jerry Thibodeaux
 Print or Type Name of Officer

President
 Title of Officer