



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. 521756		2. Exact name of the Corporation Ocean Community Christian Church			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Provide Church Services to their membership			
5. Principal office address 62 Franklin Street Suite #14		City Westerly	State RI	Zip 02891	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Rev Steven Crino		Vice-President Name Theresa Crino			
Street Address 25 Blue Sky Drive		Street Address 25 Blue Sky Drive			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name David R. Nichols Sr		Treasurer Name David R. Nichols Sr.			
Street Address 15 West Beach Road		Street Address 15 West Beach Road			
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
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 Rev Steven Crino		Director Name Theresa Crino			
Street Address 25 Blue Sky Drive		Street Address 25 Blue Sky Drive			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name David R. Nichols Sr		Director Name			
Street Address 15 West Beach Road		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

DEC 03 2013

File Date

Check No

By

FOR SECRETARY OF STATE USE ONLY

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.

Dec 1, 2013

Signature of Officer

Date

David R. Nichols Sr

Print or Type Name of Officer

Secretary Treasurer

Title of Officer