



**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 2014**

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.

2014 APR 25 AM 9:34  
 SECRETARY OF STATE  
 CORPORATIONS DIVISION

1. Entity ID No. <b>560013</b>		2. Exact name of the Corporation <b>GRACE FAMILY WORSHIP CENTER</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>CHURCH</b>			
5. Principal office address <b>665 GEORGE WASHINGTON HWY</b>		City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	
President Name <b>DAVID MARQUARD</b>			Vice-President Name <b>TONY PALMISANO</b>		
Street Address <b>665 GEORGE WASHINGTON HWY</b>		Street Address <b>3884 HIBISCUS ST.</b>			
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>WESTON</b>	State <b>FL</b>	Zip <b>33332</b>
Secretary Name <b>ANN MARQUARD</b>			Treasurer Name <b>PAUL DICICCO</b>		
Street Address <b>665 GEORGE WASHINGTON HWY</b>		Street Address <b>82 COACH RD.</b>			
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>N. ATTLEBORO</b>	State <b>MA.</b>	Zip <b>02760</b>
Director Name <b>DAVID MARQUARD</b>			Director Name <b>TONY PALMISANO</b>		
Street Address <b>665 GEORGE WASHINGTON HWY</b>		Street Address <b>3884 HIBISCUS ST.</b>			
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>WESTON</b>	State <b>FL</b>	Zip <b>33332</b>
Director Name <b>ANN MARQUARD</b>			Director Name <b>PAUL DICICCO</b>		
Street Address <b>665 GEORGE WASHINGTON HWY</b>		Street Address <b>82 COACH RD.</b>			
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>N. ATTLEBORO</b>	State <b>MA</b>	Zip <b>02760</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: \_\_\_\_\_  
 FOR SECRETARY OF STATE

**FILED**

APR 25 2014

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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.

*Rev. David Marquard* 4/24/14  
 Signature of Officer Date

**REV. DAVID MARQUARD**  
 Print or Type Name of Officer

**PRESIDENT**  
 Title of Officer