RI SOS Filing Number: 201438790730 Date: 05/08/2014 4:00 PM

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

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.**

1. Entity ID No.	2. Exact name of the Corporation
28924	CHURCH OF CHRIST
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	WORSHIP

5. Principal office address	City	State	Zip
934 GREENWICH AVE	WARWICK	RI	02886

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Norm Seiders	
Street Address: 395 Hillard Ave	Street Address:
City: Warwick State: RI Zip: 02886	City: State: Zip:
Secretary Name: William Ingram	Treasurer Name: William Almon
Street Address: 230 Woodville Rd	Street Address: 42 Channel View #4
City: Ashaway State: RI Zip: 02804	City: Warwick State: RI Zip: 02889

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Norm Seiders	Joel Hiatt
Street Address: 395 Hillard Ave	Street Address: 435 Lowell Davis Rd
City: Warwick State: RI Zip: 02886	City: N. Grosvenordale State: CT Zip: 06255
Director Name: William Almon	Director Name
Street Address: 42 Channel View #4	Street Address
City: Warwick State: RI Zip: 02889	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, duly Authorized Representative, Receiver or Trustee

File Date FILED
Check No MAY 08 2014
By:
FOR SECRETARY OF STATE USE ONLY BY 4314

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.

William Almon, Treas 5-6-14
Signature of Officer or Authorized Representative Date

William Almon
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

106278-6-958408