

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 na | 2. Exact name of the Corporation | | | | |
|---|--|---|--|------------------------------|---|--|
| 405204 | GABRIE | GABRIEL'S TRUMPET CHRISTIAN BOOK STORE, INC. | | | | |
| 105201 | = | | | | | |
| 3. State of Incorporation | 4. Brief des | scription of the character | of business conducted in Rhode I | sland | | |
| RHODE ISLAND | CHRIST | CHRISTIAN STORE FOR BOOKS, VIDEOS, GIFTS AND OTHER CHRISTIAN ORIENTED | | | | |
| KHODE ISLAND | ITEMS | | | | | |
| 5. Principal office address | | ·- | City | State | 17:0 | |
| 477 WASHINGTON STREET | | | COVENTRY | RI | Zip 02816 | |
| | | DESCRIPTION OF THE | NATURAL TRANSPORT | | Sales Maria Committee | |
| President Name | ************************************** | Secretary of the Secretary of the Communication of | Vice-President Name | aintillioonal Park, sanda di | | |
| FATHER MICHAEL KELLEY | | | FATHER THOMAS WOODHOUSE | | | |
| Street Address | | | Street Address | | | |
| ST. AGATHA'S RECTORY, 34 JOFFRE STREET | | | STS. JOHN AND PAUL RECTORY, 341 SO. MAIN ST. | | | |
| City | State | Zip | City | State | Zip | |
| WOONSOCKET | Ri | 02895 | COVENTRY | RI | 02816 | |
| Secretary Name | | | Treasurer Name | | | |
| ARTHUR G. CAPALDI | | | GREGORY LABOISSONNIERE | | | |
| Street Address | | | Street Address | | | |
| 1035 MAIN STREET | | 131 COLVINTOWN ROAD | | | | |
| COVENTOX | State | Zip | City | State | Zip | |
| COVENTRY | RI | 02816 | COVENTRY | RI | 02816 | |
| A PROPERTY OF A STATE | | JIESSES) AL LOPERE | Vecession and Medical | PSTHOLESS EATH | THREE (6) DIRECTORS | |
| Director Name | March Park | 17 | Director Name | | | |
| FATHER MICHAEL KELLEY | | | FATHER THOMAS WOODHOUSE | | | |
| Street Address | | | Street Address | | | |
| ST. AGATHA'S RECTORY, 34 JOFFRE STREET | | | STS. JOHN AND PAUL RECTORY, 341 SO. MAIN ST. | | | |
| City | State | Zip | City | State | Zip | |
| WOONSOCKET | RI | 02895 | COVENTRY | Ri | 02816 | |
| Director Name | | *** | Director Name | | | |
| Arthur G. Capaldi Street Address | | | Gregory Laboissonniere | | | |
| | | | Street Address | | | |
| 1035 Main Street | | | 131 Colvintown Road | | | |
| City | State | Zip | City | State | Zip | |
| Coventry | RI | 02816 | Coventry | RI | 02816 | |
| REGISTERED AGENTIL | | | rest in the second | a company | The second second | |
| | | | y of State. Changes require filin | | · | |
| his report must be signed by | v either the Precid | ent Vice-President Soor | eteni Assistant Speratori Tressu | and of the Arabhandana I | D | |

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILE Data de la Carte de la Ca

Form No. 631 Revised: 04/2014 MAPILED

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.

Signature of Officer or Authorized Representative

Date

PATHER MICHAEL KELLEY

Print or Type Name of Officer or Authorized Representative