

1. Entity ID No.

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.

2. Exact name of the Corporation

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

56858	Christian	Christian Bible Fellowships of Rhode Island				
3. State of Incorporation RHODE ISLAND		Brief description of the character of business conducted in Rhode Island Biblical Research, Religious Teaching and Fellowship Ministry				
5. Principal office address 1201 Greenwich Avenue			City Warwick	State RI	Zip 02886	
6. LIST <u>all</u> officers (NA	MES AND ADDR	ESSES) ("X" BOX F	OR ATTACHMENT)			
President Name			Vice-President Name			
Pamela L. Bzdyra			Victor Gluckin			
Street Address			Street Address			
9 Benjamin Street			1201 Greenwich Ave	nue		
City	State	Zip	City	State	Zip	
<i>N</i> arwick	RI	02888	Warwick	RI	02886	
Secretary Name			Treasurer Name			
Charles Doherty			Timothy Tibbetts			
Street Address			Street Address			
138 Budlong Avenue			83 Conanicus Road			
City	State	Zip	City	State	Zip	
<i>N</i> arwick	RI	02888	Narragansett	RI	02882	
Richard T. Bzdyra Street Address 9 Benjamin Street			Director Name Joelle M. Brown Street Address 615 Knotty Oak Road			
City	State	Zip	City	State	Zip	
Varwick	RI	02818	Coventry	RI	02816	
Pirector Name			Director Name			
imothy Tibbetts						
Street Address I3 Conanicus Road			Street Address			
City	State	Zip	City	State	Zip	
larragansett	RI	02882	,	Julio	Zip	
. REGISTERED AGENT IN F				<u> </u>		
		Office of the Secrets	ary of State. Changes require filin	a Form 641		
			cretary, Assistant Secretary. Treasu		Representative, Receiver	
File Date Check No By: FOR SECRETARY OF STAT	E USE ONLY	JUN 0 6 3 1 1 5 8 1	Under penalty of perjury this report, including an and that all statements of Signature of Officer of Aut	y accompanying/sc contained herein are horzed Representali	hedules and statement true and correct.	
orm No. 631			Print or Type Name of Offi	cer or Authorized Rej	presentative	
vised: 04/2014						