



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. 56858		2. Exact name of the Corporation Christian Bible Fellowships of Rhode Island			
3. State of Incorporation RHODE ISLAND		4. 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 ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Pamela L. Bzdyra		Vice-President Name Victor Gluckin			
Street Address 9 Benjamin Street		Street Address 1201 Greenwich Avenue			
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02886
Secretary Name Charles Doherty		Treasurer Name Timothy Tibbetts			
Street Address 138 Budlong Avenue		Street Address 83 Conanicus Road			
City Warwick	State RI	Zip 02888	City Narragansett	State RI	Zip 02882
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Richard T. Bzdyra		Director Name Joelle M. Brown			
Street Address 9 Benjamin Street		Street Address 615 Knotty Oak Road			
City Warwick	State RI	Zip 02818	City Coventry	State RI	Zip 02816
Director Name Timothy Tibbetts		Director Name			
Street Address 83 Conanicus Road		Street Address			
City Narragansett	State RI	Zip 02882	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

FILED

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY

JUN 06 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.

Signature of Officer or Authorized Representative

Date

Pamela L. Bzdyra, President

Print or Type Name of Officer or Authorized Representative