



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000027974

2. Name of Corporation New England Worship Center

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 17 ADELAIDE AVENUE

City or Town: BARRINGTON

State: RI Zip: 02806 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

RELIGIOUS - CHURCH

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	TIMOTHY A TRAFFORD	17 ADELAIDE AVENUE BARRINGTON, RI 02806 USA
SECRETARY	CHARLES S CABRAL	96 CLYDE STREET PAWTUCKET, RI 02860 USA
VICE PRESIDENT	RICHARD SFAMERI	20 YOUNG STREET

		PROVIDENCE, RI 02904 USA
DIRECTOR	RICHARD SFAMERI	20 YOUNG STREET PROVIDENCE, RI 02904 USA
DIRECTOR	CHARLES S CABRAL	96 CLYDE ST PAWTUCKET , RI 02860 USA
DIRECTOR	TIMOTHY A TRAFFORD	17 ADELAIDE AVENUE BARRINGTON, RI 02806 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

TIMOTHY A. TRAFFORD 17 ADELAIDE AVENUE BARRINGTON , RI 02806

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

Signed this 10 Day of June, 2014 at 4:01:51 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By TIMOTHY A.TRAFFORD
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2014 State of Rhode Island and Providence Plantations
All Rights Reserved