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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
127630	The Philip Center for Outreach and Ministry, Inc.
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: The Philip Center Works ~~with~~ with churches on outreach strategies

5. Principal office address	City	State	Zip
30 Boyce Ave.	Barrington	RI	02806

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

President Name	Vice-President Name
Edward Capobianco	None
Street Address	**Street Address**
29 Ginger Court	
City / State / Zip	**City / State / Zip**
N. Kingstown / RI / 02852-7302	
Secretary Name	**Treasurer Name**
David Mahan	Bauer Evans
Street Address	**Street Address**
89 Auger St.	17 Pamela Lane
City / State / Zip	**City / State / Zip**
Hamden / CT / 06517	Attleboro / MA / 02703

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
Edward Capobianco	Bauer Evans
Street Address	**Street Address**
29 Ginger Court	17 Pamela Lane
City / State / Zip	**City / State / Zip**
N. Kingstown / RI / 02852-7302	Attleboro / MA / 02703
Director Name	**Director Name**
David Mahan	Geoff Freeman
Street Address	**Street Address**
89 Auger St.	88 Roosevelt Rd.
City / State / Zip	**City / State / Zip**
Hamden / CT / 06517	Medford / MA / 02155

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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JUN 11 2014
BY 1420

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 5/31/14

Edward Capobianco
Print or Type Name of Officer or Authorized Representative

108100-10-965242