RI SOS Filing Number: 201440825950 Date: 06/11/2014 4:00 PM

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
110663	Burrillville Apostolic Church
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Church

5. Principal office address	City	State	Zip
776 S. Main Street	Pascoag	RI	02859

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

President Name	Vice-President Name
Lisle A. Lindsay	None
Street Address: P.O. Box 393	Street Address:
City: Wrentham, State: MA, Zip: 02093	City: , State: , Zip:
Secretary Name: Judith L. Lindsay	Treasurer Name: Lisle A. Lindsay
Street Address: P.O. Box 393	Street Address: P.O. Box 393
City: Wrentham, State: MA, Zip: 02093	City: Wrentham, State: MA, Zip: 02093

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
Lisle A. Lindsay	Judith L. Lindsay
Street Address: P.O. Box 393	Street Address: P.O. Box 393
City: Wrentham, State: MA, Zip: 02093	City: Wrentham, State: MA, Zip: 02093
Director Name: Alice I. Mccombs	Director Name:
Street Address: 776 S. Main Street	Street Address:
City: Pascoag, State: RI, Zip: 02859	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

JUN 11 2014

File Date _____

Check No _____

By: _____ BY 1905

FOR SECRETARY OF STATE USE ONLY

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.

Lisle A. Lindsay 6-8-14
Signature of Officer or Authorized Representative Date

Lisle A. Lindsay
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
108100-14-965246