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/business

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
791794	Holy Cross C.O.O.F.C. Independent Christian Counseling Assembly
3. State of Incorporation: State of Rhode Island	4. Brief description of the character of business conducted in Rhode Island: Faith-based, educational, outreach, community service, humanitarian

5. Principal office address	City	State	Zip
4 Golden Blvd.	N. Smithfield	RI	02896

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

President Name	Vice-President Name
Reverend Cynthia Farrow	
Street Address: 4 Golden Blvd	Street Address: N/A
City: N. Smithfield; State: RI; Zip: 02896	City; State; Zip
Secretary Name: Debra Hollins	Treasurer Name
Street Address: 31 Bullocks Point Ave	Street Address
City: Riverside; State: RI; Zip: 02915	City; State; Zip

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
Addie Hollins	Melissa Price
Street Address: 10 Cheryl Drive	Street Address: 82 Thurbers Ave
City: Johnston; State: RI; Zip: 02919	City: Providence; State: RI; Zip: 02905
Director Name: Christopher Hollins	Director Name
Street Address: 31 Bullocks Point Ave	Street Address
City: Riverside; State: RI; Zip: 02915	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, Receiver or Trustee

2014 JUN 25 AM 10:

File Date
Check No
By:
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 25 2014
227139
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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.

Reverend Cynthia Farrow
Signature of Officer — Date

Reverend Cynthia Farrow
Print or Type Name of Officer

President / Pastor
Title of Officer

Form No. 631
Revised: 05/2012