RI SOS Filing Number: 201442188440 Date: 07/02/2014 10:17 AM

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: 14

1. Corporate ID No. 000791482

2. Name of Corporation CHURCH OF GOD-CHAPLAIN COMMUNITY SERVICE

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 297 ELMWOOD AVENUE
City or Town: PROVIDENCE State: RI Zip: 02907 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

SERVING GOD BY HELPING OTHERS IN PHYSICALLY AND EMOTIONALLY NEEDS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	JOSEPH F SIMON	214 HOME AVE PROVIDENCE, RI 02908 USA
TREASURER	ROSE BELONY	97 KILLINGRY PROVIDENCE, RI 02909 USA
SECRETARY	PIERTA ST LOUIS	50 BELLEVUE

0-8704-0

		PROVIDENCE, RI 02907 USA
DIRECTOR	PELEGGE LAURENT	94 CLARENCE STREET PROVIDENCE, RI 02904 USA
DIRECTOR	JEAN K AUGUSTE	51 WINDMILL ST PROVIDENCE, RI 02904 USA
DIRECTOR	LEVEQUE L ST-CYR	51 LUBEC PROVIDENCE, RI 02904 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

JOSEPH F. SIMON 297 ELMWOOD AVENUE PROVIDENCE , RI 02907

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

Signed this 2 Day of July, 2014 at 10:19:56 AM 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 JOSEPH SIMON
Signature of Authorized Person

Form No. 631
Revised 09/07