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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
27922	**Gloria Dei Evangelical Lutheran Church**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Religious Activities**

5. Principal office address	City	State	Zip
15 Hayes St.	**Providence**	**RI**	**02908**

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

President Name			Vice-President Name		
Erin Abrahamsen			**Joyce Collard**		
Street Address			Street Address		
16 Dexterdale Rd			**174 Pleasant St.**		
City	State	Zip	City	State	Zip
Providence	**RI**	**02906**	**Rumford**	**RI**	**02916**
Secretary Name			Treasurer Name		
Gloria Shafaee-Moghadam			**Grace Small**		
Street Address			Street Address		
35 Maplecrest Drive			**2 Hoyt St.**		
City	State	Zip	City	State	Zip
Greenville	**RI**	**02828**	**Johnston**	**RI**	**02919**

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		
Judith Butterworth Kremer			**Donna Bruns**		
Street Address			Street Address		
28 Avon Av.			**82 Walton Av.**		
City	State	Zip	City	State	Zip
Cumberland	**RI**	**02864**	**Warwick**	**RI**	**02986**
Director Name			Director Name		
Cassandra Chavez			**Vilma Ponce**		
Street Address			Street Address		
213 Jewett			**93 Ruggles St.**		
City	State	Zip	City	State	Zip
Providence	**RI**	**02908**	**Providence**	**RI**	**02908**

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

File Date JUL 10 2014
Check No
By: BY
FOR SECRETARY OF STATE USE ONLY

29-228219

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.

Erin E Abrahamsen 7/6/14
Signature of Officer or Authorized Representative Date

Erin E. Abrahamsen
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014 109098-2-032495