



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 2013

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.

2014 JUL 17 AM 9:54
 STATE
 CORPORATION DIVISION

1. Entity ID No. 000530578		2. Exact name of the Corporation Community Church of God			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Religious Services			
5. Principal office address PO Box 345		City Wakefield	State RI	Zip 02879	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jeffrey Wosencroft			Vice-President Name Edurn Taylor III		
Street Address 22 Anguilla Brook Road			Street Address 502 Stony Fort Road		
City Pawcatuck	State CT	Zip 06379	City Saunderstown	State RI	Zip 02874
Secretary Name D. Anne Fish			Treasurer Name D. Anne Fish		
Street Address 44 River Heights Drive			Street Address 44 River Heights Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Margaret Bromell			Director Name Thomas Reels, Sr.		
Street Address 17 Richard Road			Street Address 67 Coachman Pike		
City Carolina	State RT	Zip 02812	City Ledyard	State CT	Zip 06339
Director Name Evalina Miller			Director Name Wayne Sampson		
Street Address 66 Railroad Street			Street Address 62 Potowamut Road		
City Peace Dale	State RT	Zip 02879	City East Greenwich	State RT	Zip 02818
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: _____

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By 228634

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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.

D. Anne Fish 7/15/14
 Signature of Officer or Authorized Representative Date

D. Anne Fish
 Print or Type Name of Officer or Authorized Representative