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: 2014

1. Corporate ID No. 000032532

2. Name of Corporation Galilee Mission, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 268 KINGSTOWN ROAD
City or Town: NARRAGANSETT State: RI Zip: 02882 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

HALFWAY HOUSE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	KERRY STRICKLAND	15 WATSON AVENUE NARRAGANSETT, RI 02882 USA
TREASURER	DONALD P WISEHART	1767 SOUTH ROAD KINGSTON, RI 02881 USA
SECRETARY	LESLIE K. ANDERSON	82 WHAT CHEER ROAD

		NARRAGANSETT, RI 02882 USA
TRUSTEE	LYNN ELAINE COSTIGAN	11 FAWN CIRCLE CHARLESTOWN, RI 02813 USA
VICE PRESIDENT	THOMAS HOGAN	46 SOUTH WEEDEN ROAD WAKEFIELD, , RI 02879 USA
DIRECTOR	DONNA BURKE	28 SOUTH GLEN COURT WAKEFIELD, RI 02879 USA
DIRECTOR	SALVATORE RIBERA	272 SWEET ALLEN FARM RD WAKEFIELD, RI 02879 USA
DIRECTOR	MARK SEVEGNY	154 PURGATORY ROAD EXETER, RI 02822 USA
DIRECTOR	MICHAEL MONAHAN	723 BROAD ROCK ROAD WAKEFIELD, RI 02879 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

KEITH B. KYLE 2 MARLBOROUGH STREET NEWPORT , RI 02840-

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

Signed this 18 Day of July, 2014 at 12:10:01 PM 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 KERRY STRICTLAND
Signature of Authorized Person

Form No. 631
Revised 09/07

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