RI SOS Filing Number: 201445901820 Date: 09/12/2014 10:56 AM

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 SEP 12 AM 10:54 SECRETARY OF STATE CORPORATIONS DIV.

1. Entity ID No.	2. Exact name of the Corporation
000039790	**New Covenant Christian Fellowship**
3. State of Incorporation: **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island: **Domestic Non-Profit Corporation**

5. Principal office address	City	State	Zip
180 Hunts Avenue	**Pawtucket**	**RI**	**02861**

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

President Name: **Kent Enos**			Vice-President Name: **H Chapman Bettis, Jr**		
Street Address: **36 Armory Drive**			Street Address: **50 Fairhaven Road**		
City: **Warwick**	State: **RI**	Zip: **02861**	City: **Cumberland**	State: **RI**	Zip: **02864**
Secretary Name: **Gregory A. Hunt**			Treasurer Name: **Gregory A. Hunt**		
Street Address: **180 Hunts Avenue**			Street Address: **180 Hunts Avenue**		
City: **Pawtucket**	State: **RI**	Zip: **02861**	City: **Pawtucket**	State: **RI**	Zip: **02861**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name: **Gregory A Hunt**			Director Name: **H Chapman Bettis, Jr.**		
Street Address: **180 Hunts Avenue**			Street Address: **50 Fairhaven Road**		
City: **Pawtucket**	State: **RI**	Zip: **02861**	City: **Cumberland**	State: **RI**	Zip: **02864**
Director Name: **Kent Enos**			Director Name:		
Street Address: **36 Armory Street**			Street Address:		
City: **Warwick**	State: **RI**	Zip: **02889**	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, duly Authorized Representative, Receiver or Trustee

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

FILED
SEP 12 2014
BY KL 732149
10:56

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.

Gregory A. Hunt 9-7-14
Signature of Officer or Authorized Representative Date

GREGORY A. HUNT
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
110979-6-962575