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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 | | |
|---|---|---|---|
| 145159 | VICTORY BIBLE CHAPEL | | |
| 3. State of Incorporation: RI. | 4. Corporate Address in RI - Street Address: 10 PARTITION ST, APT # A3 | City: WARWICK | Zip: 02888 |
| 5. Foreign corporation. Enter principal office address | City | State | Zip |
| 6. Brief description of the character of business conducted in Rhode Island: TEACHING THE BIBLE | | | |

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

| President Name | Vice-President Name |
|---|---|
| REV. ROBERT J. ACKRON | REV. DON FREDETTE |
| Street Address: 10 PARTITION ST. APT. # A3 | Street Address: 2220 WARWICK AVE, APT C15 |
| City: WARWICK; State: R.I.; Zip: 02888 | City: WARWICK; State: R.I.; Zip: |
| **Secretary Name** | **Treasurer Name** |
| PAT ACKRON | PAT ACKRON |
| Street Address: 10 PARTITION ST. APT. # A3 | Street Address: 10 PARTITION ST. APT. # A3 |
| City: WARWICK; State: R.I.; Zip: 02888 | City: WARWICK; State: R.I.; Zip: 02888 |

**8. 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 |
|---|---|
| RICHARD DELUCA | REV. ROBERT J. ACKRON |
| Street Address: 105 WILSON AVE | Street Address: 10 PARTITION ST, APT # A3 |
| City: WARWICK; State: R.I.; Zip: 02889 | City: WARWICK; State: R.I.; Zip: 02888 |
| Director Name: KELLY DIPRINZIO | Director Name |
| Street Address: 84 ABBEY AVE. | Street Address |
| City: WARWICK; State: R.I.; Zip: | City; State; Zip |

**9. 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, Receiver or Trustee*

FILED
SEP 23 2014
BY

File Date
Check No
By: 47-0232285977
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47-0232284796

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.

Rev. Robert J. Ackron
Signature of Officer — Date

REV. ROBERT J. ACKRON
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form No. 631
Revised: 01/2012
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