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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
0000 28741	CHILD EVANGELISM FELLOWSHIP OF RHODE ISLAND, INC.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	GOSPEL MINISTRY

5. Principal office address	City	State	Zip
199 NORTH ROAD	HOPKINTON	RI	02833

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

President Name	Vice-President Name
TRENT BOYD	
Street Address	Street Address
76 PARKER FARM ROAD	
City / State / Zip	City / State / Zip
BUXTON / ME / 04093	
Secretary Name	Treasurer Name
REBECCA ERRINGTON	DONALD HAMLIN
Street Address	Street Address
586 WEST SIDE ROAD	PO BOX 534
City / State / Zip	City / State / Zip
WELD / ME / 04285	WILTON / ME / 04294-0534

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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
TRENT BOYD	DONALD HAMLIN
Street Address	Street Address
76 PARKER FARM ROAD	PO BOX 534
City / State / Zip	City / State / Zip
BUXTON / ME / 04093	WILTON / ME / 04294-0534
Director Name	Director Name
REBECCA ERRINGTON	DOUGLAS BOYDEN, SR.
Street Address	Street Address
586 WEST SIDE ROAD	14 GROVER LANE
City / State / Zip	City / State / Zip
WELD / ME / 04285	BRUNSWICK / ME / 04011

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

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File Date
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By:
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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.

Signature of Officer or Authorized Representative — Date

JOHN J. ROMANO
Print or Type Name of Officer or Authorized Representative

ACTING STATE DIRECTOR
Title of Officer

Form No. 631
Revised: 04/2014

119678-2-962350