

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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ___ 20/3

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.

Filing Fee: \$20,00 • FAII	URE 10 FILE	THIS REPORT BY	JULY 30 WILL RESULT IN A \$25.0	U PENALIY	ftt.	
1. Entity ID No.	2. Exact name of the Corporation					
0000 287 41	CHILD EVANGELISM FELLOWSHIP OF RHODE ISLAND, INC.					
3. State of Incorporation	4. Brief descript	tion of the character of	business conducted in Rhode Island			
RHODE ISLAND	Gospe	EL MINIST	RY			
5. Principal office address 199 NORTH ROAD			City HOPKINTON	State RI	Zip 02833	
6. LIST ALL OFFICERS (NAME	S AND ADDRES	SES) ("X" BOX FOR	ATTACHMENT)			
President Name TRENT 8041			Vice-President Name		20	
Street Address 76 PARKER FARM ROAD			Street Address		NO 0 :: 0 :: 0 :: 0 :: 0 :: 0 :: 0 :: 0	
City BUXTON	State M E	Zip 04093	City	State	Zip V -7	
Secretary Name Rebecca ERRINGTON			Treasurer Name DONALD HAMLIA	/	₹	
Street Address 586 WEST SIDE	ROAD		Street Address PO BOX 534		STA1	
City WELD	State ME	Zip 04285	City WILTON	State ME	Zip - 171 04294-0534	
7. LIST ALL DIRECTORS (NAM ("X" BOX FOR ATTACHMENT		SSES). RHODE ISLA	ND CORPORATIONS MUST LIST NO	LESS THAN T	HREE (3) DIRECTORS	
Director Name			Director Name			
TRENT BOYD			DONALD HAMUN			
Street Address 76 PARKER FARM ROAD			Street Address Po Box 534			
City BuxTON	State M E	Zip 04093	City WILTON	State M E	Zip U4294-0534	
Director Name IZEBECCA ERRINGTON			Director Name DOUGLAS BOYDEN, SR.			
Street Address 586 WEST SIDE ROAD			Street Address 14 GROVER LANE			
City WELD	State ME	Zip 04 3 85	BRUNS WICK	State M E	Zip 04011	
8. REGISTERED AGENT IN RHO		The state of the s	A CONTROL OF THE CONT	1	The second secon	
This information is currently of	record in the Of	fice of the Secretary	of State. Changes require filing Form	641.		
This report must be sig	gned by either the	President, Vice-Presi	ident, Secretary, Assistant Secretary, Tre	asurer, Receiv	er or Trustee	

File Date Check No. 5 Am	Under penalty of perjury, I declare and affirm that I have examin- this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.	
By: NOV 0 7 2014	Signature of Officer Date	
FOR SECRETARY OF STATE USE ONLY 236115	TO HN J. ROMANO Print or Type Name of Officer	
Form No. 631 Revised: 05/2012	ACTING STATE DIRECTOR Title of Officer	· · · · · ·