



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.<br><b>76589</b>  |                    | 2. Exact name of the Corporation<br><b>Grace Chapel Assembly of God</b>                                  |  |                    |                     |
| 3. State of Incorporation<br><b>Rhode Island</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Religious / Church</b> |  |                    |                     |
| 5. Principal office address<br><b>130 Roger Williams Ave</b>  |                    | City<br><b>Rumford</b>   |  | State<br><b>RI</b> | Zip<br><b>02916</b> |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |  |  |                    |                     |
| President Name<br><b>Kevin O'Connor</b>   |                    |  | Vice-President Name<br><b>Nancy Turcotte</b> |                    |                     |
| Street Address<br><b>4 Denise Dr.</b>   |                    |  | Street Address<br><b>31 Brightbridge Ave</b> |                    |                     |
| City<br><b>Carolina</b>   | State<br><b>RI</b> | Zip<br><b>02812</b>  | City<br><b>East Providence</b>               | State<br><b>RI</b> | Zip<br><b>02914</b> |
| Secretary Name<br><b>Diane O'Connor</b>   |                    |  | Treasurer Name<br><b>Diane O'Connor</b>      |                    |                     |
| Street Address<br><b>4 Denise Dr.</b>   |                    |  | Street Address<br><b>4 Denise Dr.</b>        |                    |                     |
| City<br><b>Carolina</b>   | State<br><b>RI</b> | Zip<br><b>02812</b>  | City<br><b>Carolina</b>                      | State<br><b>RI</b> | Zip<br><b>02812</b> |
| 7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |  |  |                    |                     |
| Director Name<br><b>Diana Coles</b>   |                    |  | Director Name<br><b>Roxanne Williams</b>     |                    |                     |
| Street Address<br><b>100 Johnson St.</b>  |                    |  | Street Address<br><b>70 Wood Cove Dr.</b>    |                    |                     |
| City<br><b>Pawtucket</b>  | State<br><b>RI</b> | Zip<br><b>02800</b>  | City<br><b>Coventry</b>                      | State<br><b>RI</b> | Zip<br><b>02816</b> |
| Director Name<br><b>Ethan Cady</b>  |                    |  | Director Name                                |                    |                     |
| Street Address<br><b>94 Circuit Drive</b>   |                    |  | Street Address                               |                    |                     |
| City<br><b>Riverside</b>  | State<br><b>RI</b> | Zip<br><b>02915</b>  | 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

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BY

**21237516**

**11/23**

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.

**Diane O'Connor** 11/23/14  
Signature of Officer or Authorized Representative Date

**Diane O'Connor**  
Print or Type Name of Officer or Authorized Representative