

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 · FAII	LURE TO FILE T	HIS REPORT BY J	ULY 30 WILL RESULT IN A \$25.0	00 PENALTY F	EE.
1. Entity ID No.	2. Exact name of	the Corporation			
76589	Grace	e Chape	2) assembly	of G	bod
3. State of Incorporation			usiness conducted in Rhode Island		
Rhode Island	Relia	jous /	Church		
5. Principal office address 130 Roger L	Villiams	s ave	CityRumford	State	2ip 02916
6. LIST ALL OFFICERS (NAME	S AND ADDRESS	ES) ("X" BOX FOR AT			A STATE OF THE PARTY OF THE PARTY.
President Name			Vice-President Name	-	
Kevin O Cont	10 C		Nancy Turcot	<u> 16 </u>	
4 Denise Do			Street Address	o aue	
Carolina	State R.L.	02912	East Providence	State	Zip O2914
Secretary Name Diane O'Co	onc C		Treasurer Name Diane O'Conno		
Street Address 4 Denise Do	,		Street Address 4 Denise Do	~ 1	
Carolina	State R.T.	2812	Carolina	State	Zip 02812
7. LIST ALL DIRECTORS (NAM	ES AND ADDRES		CORPORATIONS MUST LIST NO	I FSS THAN T	
("X" BOX FOR ATTACHMENT		Ver (Sept. Sept. 1883)	Lead of the second seco		SID IN BANKS
Director Name			Director Name		
Diana Coles			Roxanne Le	Milliam	<u>s</u>
Street Address	S+.		Street Address	\ _	
100 Johnson	State	Zip	City) Cross	7:-
Pawtucket	RI	07800	Coventry	R:T.	02816
Ethan Cady			Director Name		
Street Address 94 Circuit	Drive	•	Street Address		8
Riverside	State R.T.	Zip 02915	City	State	Zip 28
8. REGISTERED AGENT IN RHO	DE ISLAND			A SECTION OF SECTION O	
This information is currently of	record in the Offic	ce of the Secretary of	State. Changes require filing Form	n 641.	3 $\hat{G}_{1,n}$
	er the President, Vi	ice-President, Secretar	ry, Assistant Secretary, Treasurer, dul	y Authorized Rep	resentati ve, Receiver
or Trustee					2 ₹
		FII FD M			† · l
File Date		FILED."	Under penalty of perjury, I decli this report, including any accor	mpanying sche	dules and statements,
Check No	<u>Yakan</u> N	OV 2 8 2014	and that all statements contain	ed herein are tr	ue and correct.
By:	PV A	237516	Signature of Officer or Authorized	C7V1	Pate 11/23/14
FOR SECRETARY OF STATE U		11/23	Diane O'	()	,,
Form No. 631			Print or Type Name of Officer or A	Uthorized Room	centativo

Form No. 631 Revised: 04/2014