

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 nar	2. Exact name of the Corporation					
000849124	Trinity C	Trinity Credit Counseling, Inc.					
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island					
	Credit C	Credit Counseling and budgeting					
Ohio							
5. Principal office address		<u> </u>	City	State	Zip 45241		
11229 Reading Rd.			Cincinnati	ОН	45241		
Francisco Control Cont	. Giril			Samuel Committee			
President Name			Vice-President Name				
Gary A. Vosick							
Street Address			Street Address				
11229 Reading Rd.					7:-		
City	State	Zip	City	State	Zip		
Cincinnati	ОН	45241					
Secretary Name			Treasurer Name				
Carole Leonard			81 11 11				
Street Address			Street Address				
11229 Reading Rd.	10			Cinin	Zip		
City	State OH	Zip 45241	City	State	Zip		
Cincinnati	CONTRACTOR SPANNERS (SPECIAL CO	20 0 APRIL 1		er en ji ve i i ma o ra kili jiran en en e ring	Production of the company of the com		
Director Name	A CONTRACTOR OF THE PARTY OF TH	The selven	Director Name	School on the confidence of the control of the cont	Mario de la companya di Aria d		
Robert Bicknaver			Orville Robinson				
Street Address			Street Address				
5768 Werkmeadow Dr.			878 Miller Rd				
City	State	Zip	City	State	Zip		
Cincinnati	ОН	45248	Lebanon	ОН	45036		
Director Name			Director Name				
Randall Wheeler							
Street Address			Street Address				
477 Kirby Rd.							
City	State	Zip	City	State	Zip		
Lebanon	ОН	45036					
	**************************************	TOTAL CONTRACT OF THE PARTY OF					
This information is currently	of record in the	e Office of the Secret	ary of State. Changes require fil	ing Form 641.			
This report must be signed by	either the Presid	ent. Vice-President. Se	ecretary, Assistant Secretary, Treas	surer, duly Authorized	Representative, Receive		

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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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.

DEC 2 6 2014

Signature of Officer or Authorized Representative

1219-14

BY

Print or Type Name of Officer or Authorized Representative

Form No. 631 Revised: 04/2014