

## 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	URE TO FILE	sport must be typed THIS REPORT BY JU	or printed legibly. JLY 30 WILL RESULT IN A	\$25.00 PENALTY	FE <b>E</b> .
1. Entity ID No.		f the Corporation			
517168	Bena	ssance C	lurch		;
3. State of Incorporation	4. Brief description	on of the character of bu	siness conducted in Rhode Is	land	
RI	Provid	les Chi	Stim worst City Providence TACHMENT	hip activ	ihes
5. Principal office address  7.7 Reco (VA) C A 1994			City	State	Zip
5. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR AT			TACHMENTS TO	<u> </u>	02907
President Name		ES) ( N3, SON 1, OITAL	Vice-President Name		
Scott Astmana			Dhn Michaeles		
Street Address  YM westbrook Road			Street Address Lang Street		
Warnich	State RP	D2886	Cranston	State	Zip 07.905
Secretary Name  Laston Victory			Treasurer Name		
Street Address	MAN		Street Address		
17 Stepale, 1	have (	ivde	388 Adela	de Aros	ue
City Attlebaro	State MA	Zip 02723	Prosidence	State	Zip 02407
7 LIST ALL DIRECTORS (NAME ("X" BOX FOR ATTACHMENT	S AND ADDRES	SES). RHODE ISLAND	CORPORATIONS MUST LIS	ST NO LESS THAN T	HREE (3) DIRECTORS
Director Name			Director Name	1 1	
Street Address			Street Address		
44 westlows	r Rd		17 Henn	CHERRY	
City	State	Zip 02886	City	State	Zip
Director Name	7	102166	Director Name		02905
	tsin		Northern P	racht	
Street Address 17 Steeple	Chuse	Circle	Street Address 388 Adela	ide Au	me
City	State	Zīp .	City	State	Zip
8. REGISTERED AGENT IN RHO	DEISLAND	02703	Moderce	<u> </u>	02807
This information is currently of r	ecord in the Office	ce of the Secretary of	State Changes require filing	Form 6/1	ASP (1) 是 (
This report must be signed by eithe	r the President, Vi	ice-President, Secretary	, Assistant Secretary, Treasure	er, dulv Authorized Rei	presentative. Receiver
r Trustee			•	, ,	, , , , , , , , , , , , , , , , , , , ,
			Under penalty of perjury,	l declare and affirm t	hat I have examined
File Date		FILED	this report, including any and that all statements co	accompanying sche Intained herein are tr	dules and statements, ue and correct
Check No		P Bunther L	Charle		uma 2211002
By:	811-0 M	FEB <b>26</b> 2015	//MILL	IN BRUIT	2-26-15
FOR SECRETARY OF STATE U	SE ONLY	142010a	Signature of Officer or Auth	orized Representative	Date
THE CURITY	maries By	1 Jours	- 1/2 U.	00-41	
form No. 631 AIMIS 10 人员	SECRET	A.H. 2:5	Print or Type Name of Office	er or Authorized Repre	sentative
levised: 04/2014 *** 🔠 📑	1774		Win		
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