



**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. <u>000136192</u>		2. Exact name of the Corporation <u>HERITAGE CHRISTIAN FELLOWSHIP OF THE ASSEMBLIES OF GOD</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>CHURCH</u>			
5. Principal office address <u>358 WARWICK NECK AVE</u>			City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <u>JOHN W. GIBSON</u>			Vice-President Name		
Street Address <u>180 SUNNY BROOK DR.</u>			Street Address		
City <u>N. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<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"/></b>					
Director Name <u>ROBERT GOODINE</u>			Director Name <u>FRANK AUSTIN</u>		
Street Address <u>100 WAYLAND AVE</u>			Street Address <u>44 W. ALLANTOWN RD</u>		
City <u>KINGSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>N KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>
Director Name <u>LAN RYSZKIEWICZ</u>			Director Name		
Street Address <u>45 CAMERON ST</u>			Street Address		
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02861</u>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

SECRETARY OF STATE  
 CORPORATIONS DIV  
 2015 APR 16 PM 3:11

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**  
 By: 247095

3:20 pm  
**FILED**  
 APR 16 2015  
247095

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.

John W. Gibson 4-14-15  
 Signature of Officer or Authorized Representative Date  
John W. Gibson  
 Print or Type Name of Officer or Authorized Representative