



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>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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
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 <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>CRASTON</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>PAWCKET</u>	State <u>RI</u>	Zip <u>02861</u>	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	3:20 pm
Check No	FILED
By	APR 16 2015
FOR SECRETARY OF STATE USE ONLY	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 4/16/15
Signature of Officer or Authorized Representative Date
John W. Gibson
Print or Type Name of Officer or Authorized Representative