



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 2015

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. 123584		2. Exact name of the Corporation Word & Prayer Fellowship, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Church			
5. Principal office address P.O. Box 361		City Fiskdale	State MA	Zip 01518	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Charles Salliby, Pastor			Vice-President Name		
Street Address P.O. Box 361			Street Address		
City Fiskdale	State MA	Zip 01518	City	State	Zip
Secretary Name Amanda Stanley			Treasurer Name Veronica Bruscini		
Street Address 18 Kiwanis Rd.			Street Address 25 Surf Ave.		
City W. Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02889
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 Eileen Bruscini			Director Name William Gornostai		
Street Address 25 Surf Ave.			Street Address 75 W. Pontiac St., Apt. B		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02886
Director Name David DePozzo			Director Name Thomas Stanley, Jr.		
Street Address 56 Robinson Way			Street Address 18 Kiwanis Rd.		
City W. Warwick	State RI	Zip 02893	City W. Warwick	State RI	Zip 02893
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

FILED

MAY 04 2015

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

BY 3765

Signature of Officer or Authorized Representative

4/30/15
Date

Veronica Bruscini, Treasurer
Print or Type Name of Officer or Authorized Representative