



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

2015

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 000509111		2. Exact name of the Corporation Sacred Journey Christian Reformed Church			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Church/Religious Non-profit			
5. Principal office address 3120 Pawtucket Ave.		City Riverside		State RI	Zip 02915
6. LIST ALL OFFICERS (NAME AND ADDRESS). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) OFFICERS					
President Name Rev. Todd J. Murphy		Vice-President Name Joseph Paravisini			
Street Address 3120 Pawtucket Ave.		Street Address 79 Hawthorne Ave.			
City Riverside	State RI	Zip 02915	City Cranston	State RI	Zip 02910
Secretary Name Katherine Martinka		Treasurer Name Joshua Ferragamo			
Street Address 2 Malvern St.		Street Address 23 Colonial Ave.			
City Providence	State RI	Zip 02904	City Cranston	State RI	Zip 02910
7. LIST ALL DIRECTORS (NAME AND ADDRESS). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Todd J. Murphy		Director Name Joseph Paravisini			
Street Address 3120 Pawtucket Ave.		Street Address 79 Hawthorne Ave.			
City Riverside	State RI	Zip 02915	City Cranston	State RI	Zip 02910
Director Name Katie Martinka		Director Name Joshua Ferragamo			
Street Address 2 Malvern St.		Street Address 23 Colonial Ave.			
City Providence	State RI	Zip 02904	City Cranston	State RI	Zip 02910
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

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.

File Date

Check No.

By:

FILED

MAY 28 2015

Signature of Officer or Authorized Representative

Date

Todd J. Murphy
Print or Type Name of Officer or Authorized Representative