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.	2. Exact name of the Corporation
000509111	**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	City	State	Zip
3120 Pawtucket Ave.	**Riverside**	**RI**	**02915**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) OF RHODE ISLAND CORPORATIONS (MUST LIST NO LESS THAN THREE (3) OFFICERS) ("X" BOX FOR ATTACHMENT) ☐

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 (NAMES AND ADDRESSES) 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

File Date: FILED
Check No: MAY 28 2015
By: 2015 MAY 28 PM 12:23 SECRETARY OF STATE
FOR SECRETARY OF STATE USE ONLY
STATE OF RHODE ISLAND
C 6173472
A.A. 12:24 p.m.

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.

Signature of Officer or Authorized Representative — Date: 5-22-2015

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

Form No. 631
Revised: 04/2014