



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. 31353		2. Exact name of the Corporation Riverpoint Advent Christian Church of West Warwick			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Conducting religious services of worship and Bible Studies			
5. Principal office address 1107 MAIN Street			City West Warwick	State RI	Zip 02893
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Richard P. Champagne, Jr.			Vice-President Name Rev. Douglas W. Tourgee		
Street Address 2 Old Hope Road			Street Address 174 Fairview Ave		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Doreen F. Waddington			Treasurer Name Barbara A. Chaput		
Street Address 17 Colvin Street			Street Address 155 Read Ave		
City Hope	State RI	Zip 02831	City Coventry	State RI	Zip 02816
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 Gail Champagne			Director Name John Serechyk		
Street Address 2 Old Hope Rd			Street Address 3 Dogwood Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name Frederick D. Waddington			Director Name Robert Skorohod		
Street Address 17 Colvin Street			Street Address 9 Hill Street		
City Hope	State RI	Zip 02831	City Coventry	State RI	Zip 02816
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 _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 04 2015
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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.
Doreen F. Waddington 6-2-15
 Signature of Officer or Authorized Representative Date
Doreen F. Waddington
 Print or Type Name of Officer or Authorized Representative