

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services RATIONS DIV

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Webbe: www.sos.ri.gov | : 58

1. Entity ID No.	2. Exact name	of the Corporation				
12000	111 1	1.1 1	101171	-1 11		
<i>27233</i>	/Vew h	1te Commun	ity (nurch of AL)	. taith		
3. State of Incorporation	4. Brief descrip	otion of the character of bu	siness conducted in Rhode Island			
RI	Chur	ch :	_			
i. Principal office address	1		City	State RT	Zip	
	VE SANDADDRE	SESYMMENT ENDA	MOVI delle		62907	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR AT President Name			Vice-President Name,			
Gary L Beatty			I-lizabeth W. Jones			
Street Address 44 Arch Stre	1		Street Address	C/ A	1 //01	
M4 Arch Stre	State	Zip	254 Washingto	State	of. 401 Izip	
Providence	RI	02907	Hovidence	RI	02907	
Secretary Name			Treasurer Name			
FUNNIC JONES Street Address 9 1			(hyistine Doziek Street Address			
- T	grilyn G	Road	3284 OWEA H	ill Rd.		
City	State	/Zip	City 1. //1	State	Zip	
PAUCHIX	<u> </u>	85032	L12abeth town	M.C.	<i>28</i> 337	
, LIST <u>all</u> directors (named) ("X" box for attachmen	AES AND ADDR T)	ESSES). RHODE ISLAND	CORPORATIONS MUST LIST N	O LESS THAN	THREE (3) DIRECTORS	
Director Name		<u>BUSYAZ KURNOSI KISPORKIRI SUZI WARI</u> RI	Director Name		waternapespotanteisatuunaanstatoeste	
Irma H Garr	noN		Barbara Biyan	: +		
Street Address 70 Lend X Ave	,		Street Address	Street		
Day Las	State	Zip	Circ Collington à	State	Zip	
Providence	RI	Zip 02907	24St Kovidence	RI	2914	
Director Name	• T . • • •		Director Name			
Christine De	02icR		Street Address (C)	,		
3284 DWEN 1	III Rd.		TH AICH Stree	+		
Elizabeth town	State	28337	City	State	Zip	
REGISTERED AGENT IN RH	ODE ICLAND	1823/	Hovidence	<u> </u>	62907	
			State, Changes require filing For	m 641.		
his report must be signed by eith			, Assistant Secretary, Treasurer, de		Representative, Receiver	
r Trustee			_			
		FILED				
File Date		JUN 0 5 2015	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.			
Check No			(U + I)	. 1		
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	£.cqualidadeo		Signature of Officer or Authorize	ed Representati	ve Date	
FOR SECRETARY OF STATE	USE UNLI		Christine Doring	Trens	<i>a</i> .	
orm No. 631			Print or Type Name of Officer or Authorized Representative			

Revised: 04/2014