



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000047911

2. Name of Corporation Fellowship of Church Planters

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 90 ROBIN ROAD

City or Town: PORTSMOUTH

State: RI

Zip: 02871

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO ESTABLISH CHURCHES AND TRAIN MISSIONARIES FOR INDIGENOUS AND
FOREIGN SERVICE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	NICK DELUCA	16 PINEHURST ROAD RIVERSIDE, RI 02915 USA
TREASURER	JOHN MCQUILKIN	90 ROBIN ROAD PORTSMOUTH, RI 02871 USA

DIRECTOR	JAMES FROST	163 PRESERVATION WAY WAKEFIELD, RI 02879 USA
DIRECTOR	DOUG BRIGGS	222 ROCKY KNOB WAY MOUNTVILLE, PA 17554 USA
DIRECTOR	MIKE BUFFI	14 EVELYN WAY SEEKONK, MA 02771 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JOHN MCQUILKIN 90 ROBIN ROAD PORTSMOUTH , RI 02871

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 11 Day of June, 2015 at 2:18:45 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JOHN S. MCQUILKIN
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2015 State of Rhode Island and Providence Plantations
All Rights Reserved