



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. 849347		2. Exact name of the Corporation Christ Fellowship Church	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island To operate as a nondenominational Christian church, and for religious charitable and educational purposes related to the congregation's operation.	
5. Principal office address P.O. Box 41230		City Providence	State R.I. Zip 02940
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Lawrence Reid		Vice-President Name Barbara Bryant	
Street Address 36 Crocus St		Street Address 46 Wellington Street	
City Warwick	State RI	Zip 02886	City E. Prov State RI Zip 02914
Secretary Name Nellie Jones		Treasurer Name Deborah A. Wilkinson	
Street Address 83 Carolina Ave.		Street Address 131 Allston St	
City Providence	State R.I.	Zip 02905	City Providence State R.I. Zip 02908
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 Odessia Daniels		Director Name WARREN W. Brown	
Street Address 15 Morton St		Street Address 116 Robinson St. 1	
City Providence	State R.I.	Zip 02905	City Providence State RI Zip 02905
Director Name Kimberly Fields		Director Name ELMO Alexander	
Street Address 150 Bridham St. AB		Street Address 131 Allston St	
City Providence	State RI	Zip 02908	City Providence State RI Zip 02908
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

JUN 10 2015

BY 162

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.

Nellie Jones 5/20/15
 Signature of Officer or Authorized Representative Date

Nellie Jones
 Print or Type Name of Officer or Authorized Representative