

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

 Help with this form

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: <input type="text" value="2015"/>		2015 JUL 21 PM 1:30 SECRETARY OF STATE CORPORATIONS DIV.	
1. Corporate ID No. <input type="text" value="000026844"/>			
2. Name of Corporation <input type="text" value="Emmanuel Baptist Church of Providence"/>			
3. State of Incorporation State: <input type="text" value="RI"/>			
4. Corporate Address in Rhode Island			
No. and Street:	<input type="text" value="529 CHARLES STREET"/>		
City or Town:	<input type="text" value="PROVIDENCE"/>	State: <input type="text" value="RI"/> Zip: <input type="text" value="02904"/> Country: <input type="text" value="USA"/>	
5. Foreign Corporation. Enter Principal Office Address			
No. and Street:	<input type="text"/>		
City or Town:	<input type="text"/>	Zip: <input type="text"/>	
6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island			
<input type="text" value="RELIGIOUS TEACHINGS"/>			
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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete			
<small>THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23</small>			
Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
	DIRECTOR	ROBERT CASTELLUCCI	

<input type="checkbox"/>			627 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 02911 USA
<input type="checkbox"/>	Director	Bebedict Aina	157 early Street Providence, RI 02907 USA
<input type="checkbox"/>	Director	Richard Matera	37 Oregon Avenue North Providence, RI 02911 USA
<input type="checkbox"/>	Director	James Miller	332 North Lane Bristol, RI 02809 USA
<input type="checkbox"/>	Moderator	Robert Castellucci	627 Fruit Hill Avenue North Providence, RI 02911 USA
<input type="checkbox"/>	Vice Moderator	Benedict Aina	157 Early Street Providence, RI 02907 USA
<input type="checkbox"/>	Treasurer	Richard Matera	37 Oregon Avenue North Providence, RI 02911 USA
<input type="checkbox"/>	Clerk	Kimberly Harvey	47 Juniper Road A2 North Attleboro, MA 02760 USA
<input type="checkbox"/>	Auditor	Anni Rawcliffe	183 Cypress Bay Drive Ponte Vedra, FL 32081 USA

Select From Below Title:

First Name: Middle Name: Last Name: Suffix:

Address: City: Zip:

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

DAVID T. RIEDEL, ESQ. ADLER POLLOCK & SHEEHAN P.C. ONE CITIZENS PLAZA, 8TH FLOOR
PROVIDENCE , RI 02903

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

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name:

Business Name:

No. and Street:

City or Town: Zip:

Contact Phone: ext:

Contact Email:

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 21 Day of July, 2015 at 12:29:32 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 *Robert J. Motta*
Signature of Authorized Person

FILED *C*

JUL 21 2015

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-6. You hereby agree that any legal issues or causes of action arising from the submission of this filing

CR 253222

Accept Decline

[Click HERE to Submit This Information](#)

Form No. 631
Revised 09/07

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