



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. 000157150

2. Name of Corporation Faith Fellowship Assembly of God, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 260 VICTORY HIGHWAY

City or Town: WEST GREENWICH

State: RI Zip: 02817 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

ESTABLISHING AD MAINTAINING A PLACE FOR THE WORSHIP OF ALMIGHTY GOD

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	STEVEN SHIPPEE	191 SHARPE STREET WEST GREENWICH, RI 02817 USA
SECRETARY	FRANK ROSSONI	86 DAYNA DRIVE WEST GREENWICH, RI 02817 USA
DIRECTOR	WILLIAM H. BUTTON	618 CHARLTON ST

		SOUTHBRIDGE, MA 01550 USA
DIRECTOR	CHARLES CABRAL	96 CLYDE STREET PAWTUCKET, RI 02860 USA
DIRECTOR	RICHARD SFAMENI	20 YOUNG STREET NORTH PROVIDENCE, RI 02904 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

STEVEN SHIPPEE 260 VICTORY HIGHWAY WEST GREENWICH , RI 02817

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

Signed this 22 Day of July, 2015 at 10:47:08 AM 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 EVELINA SHIPPEE
Signature of Authorized Person

Form No. 631
Revised 09/07

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