



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. <u>26640</u>		2. Exact name of the Corporation <u>Apponaug Pentecostal Church</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Religious</u>			
5. Principal office address <u>75 Prospect St.</u>		City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>	
6. ESTABLISHED (X) BOY SCOUTS ()					
President Name <u>THOMAS JOHNSTON</u>		Vice-President Name <u>ROBERT LYTLE</u>			
Street Address <u>26 STANDARD AVE.</u>		Street Address <u>53 JEANNETTE CT.</u>			
City <u>W. WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>EXETER</u>	State <u>RI</u>	Zip <u>02822</u>
Secretary Name		Treasurer Name <u>DONALD WIGGINS</u>			
Street Address		Street Address <u>45 OAKDALE ST.</u>			
City	State	Zip	City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02888</u>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS. (SEE INSTRUCTIONS FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>LAWRENCE DE NOFIO</u>		Director Name <u>PAUL GAY</u>			
Street Address <u>107 MAWNEY ST.</u>		Street Address <u>101 WHEELER AVE.</u>			
City <u>E. GREENWICH</u>	State <u>RI</u>	Zip <u>02818</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02905</u>
Director Name <u>CARLEN NASH</u>		Director Name			
Street Address <u>15 LAKESIDE DR.</u>		Street Address			
City <u>NARRAGANSETT</u>	State <u>RI</u>	Zip <u>02882</u>	City	State	Zip
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

FILED

SEP 21 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.

BY 9158

[Signature] 9/15/15
 Signature of Officer or Authorized Representative Date

THOMAS JOHNSTON
 Print or Type Name of Officer or Authorized Representative

