



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. 149658		2. Exact name of the Corporation NEW BEGINNINGS CHRISTIAN CHURCH			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island RELIGIOUS			
5. Principal office address 122 LAURENS ST		City CRANSTON	State RI	Zip 02910	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
President Name MARIO J NADICH		Vice-President Name MICHAEL A. Di MUCCIO JR			
Street Address 19 TOME ST		Street Address 84 BAYWOOD ST.			
City CRANSTON	State RI	Zip 02920	City WARWICK	State RI	Zip 02886
Secretary Name RICHARD BOCCANFUSO		Treasurer Name PAUL V. AMBRIFI			
Street Address 27 SCITUATE AVE		Street Address 835 SANDY LANE			
City JOHNSTON	State RI	Zip 02919	City WARWICK	State RI	Zip 02889
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☒					
Director Name MARIO J. NADICH		Director Name MICHAEL A. Di MUCCIO JR			
Street Address 19 TOME ST.		Street Address 84 BAYWOOD ST.			
City CRANSTON	State RI	Zip 02920	City WARWICK	State RI	Zip 02886
Director Name MICHAEL A NEW		Director Name PAUL V. AMBRIFI			
Street Address 18 WATERCRESS CIR		Street Address 835 SANDY LANE			
City COVENTRY	State RI	Zip 02816	City WARWICK	State RI	Zip 02889
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

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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.

Signature of Officer or Authorized Representative

Date

MARIO J. NADICH

Print or Type Name of Officer or Authorized Representative