



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. 000796537

2. Name of Corporation Broken Chains Ministries

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 464 SILVER SPRING STREET

City or Town: PROVIDENCE

State: RI Zip: 02904 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

NOT FOR PROFIT SOCIAL OUTREACH SERVICE, FAITH BASED MINISTRY SERVING COMMUNITIES IN THE UNITED STATES AND RELATED ACTIVITIES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	GINA RUSSO	464 R SILVER SPRING STREET PROVIDENCE, RI 02904 USA
TREASURER	LUCILLE RUSSO	464R SILVER SPRING ST PROVIDENCE, RI 02904 USA

SECRETARY	LUCILLE ANN RUSSO	464R SILVER SPRING ST PROVIDENCE, RI 02904 USA
VICE PRESIDENT	CARL FRANCES RUSSO	464R SILVER SPRING ST PROVIDENCE , RI 02904 USA
DIRECTOR	TRACY REYNOLDS	109 PINE OAKS ROAD OROVILLE, CA 95966 USA
DIRECTOR	BRENDALEE FERNANDEZ	11562 RANGE VIEW RD MIRA LOMA, CA 91752 USA
DIRECTOR	PHYLLIS NASH	12 FOSTER ST PLYMOUTH , NH 03264 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**

GINA M. RUSSO 464 R SILVER SPRING STREET PROVIDENCE , RI 02904

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

**Signed this 16 Day of December, 2015 at 2:26:42 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 GINA RUSSO  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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