

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 <u>2015</u>

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • Fa	AILURE TO FII	LE THIS REPORT BY	JULY 30 WILL RESULT IN A \$	25.00 PENALTY	FEE.	
1. Entity ID No.	2. Exact nam	ne of the Corporation				
29021	_ !	Church of the Mediator in Providence				
3. State of Incorporation	4. Brief desc	ription of the character of	business conducted in Rhode Islan	ıd		
RI	chur	ch - Spri	Avel education	+5011	دو	
5. Principal office address			City	State	Zip	
50 Rounds Huc 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR A			Providence		02907	
President Name	MES AND ADDR	ESSES) (- X BUX FUH /	Vice-President Name	Autoropenin (et las		
Donald Harper			ري 😜			
Street Address			Street Address			
11 E Manning	Sti					
Providence	State	7ip 02906	City	State	Zip 29	
Secretary Name Paul J. McNeil			Treasurer Name Donald Harper 3			
Street Address	47/4		Street Address	~ St.	မ္း =	
City	State	Zip	City City	State	Zip 5 SH	
Providence	RI	02907	Providence	B	90220	
7. LIST ALL DIRECTORS (NA	MES AND ADD	RESSES). RHODE ISLAN	ND CORPORATIONS MUST LIST	NO LESS THAN		
(X BUX FOR AT IACHME	NT) L	CONTROL CONTRO		en e	eng pengeral an dan Kalabatan dan kal Kalabatan dan Panaharan dan	
Director Name Robert Goodwin			Director Name			
Street Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Street Address			
2 Grant s	st .		14 dilson	ナ		
City	State	Zip	City	State	Zip	
Johnston	RI	05616	Providence	ピエ	02905	
Director Name			Director Name			
Street Address			Street Address			
80 Romas	Ave		11 E. Manning	5+.		
City	State	Zip	City	State	Zip	
Krovidene	167	7020	Providence	RI	02986	
8. REGISTERED AGENT IN RI	a contract of the second second	erickala, a kasta	s termeny arat tokomoratic			
			of State. Changes require filing F			
This report must be signed by el or Trustee	ither the Presider	nt, Vice-President, Secret	ary, Assistant Secretary, Treasurer,	duly Authorized Re	epresentative, Receiver	
A STATE OF THE STA						
File Date		FILED	Under penalty of perjury, I de this report, including any ad	leclare and affirm	that I have examined	
Cather Mark Park Library	rate e societa	•	and that all statements con	tained herein are	true and correct.	
Check No	Note that the property of the property of	FEB 29 2016		_		
By:		7,0018	2014	-	2/26/16	
and Materialistic wife respective concess of	e na diselector de	011087110	Signature of Officer or Author	ized Representativ	e Date	
FOR SECRETARY OF STATE	E USE ONLY	N ZILING) P		•	
N- 601		11 M.C . H.A	Donald Har		resident	
Form No. 631 Revised: 04/2014	l l	' '	Print or Type Name of Officer	or Authorized Rep	resentative	