



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 2009

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>26484</u>		2. Exact name of the Corporation <u>Holy Temple Christian Center</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Religious Education, Proselytizing; Non Profit Fundraising</u>	
5. Principal office address <u>68 Althea St.</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02907</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Daniel W. Brown, Ph.D.</u>		Vice-President Name <u>Cheryl Smith</u>	
Street Address <u>25 Kenmore St.</u>		Street Address <u>282 Cranston St.</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02910</u>		Zip <u>02907</u>	
Secretary Name <u>JoAnn O'Neal</u>		Treasurer Name <u>Ezra Brown</u>	
Street Address <u>7 Prospect St.</u>		Street Address <u>28 Toledo Ave</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>02910</u>		Zip <u>02860</u>	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>Daniel W. Brown, Ph.D.</u>		Director Name <u>Cheryl Smith</u>	
Street Address <u>SAME</u>		Street Address <u>SAME</u>	
City <u>SAME</u>	State <u>RI</u>	City <u>SAME</u>	State <u>RI</u>
Zip <u>SAME</u>		Zip <u>SAME</u>	
Director Name <u>JoAnn O'Neal</u>		Director Name <u>Ezra Brown</u>	
Street Address <u>SAME</u>		Street Address <u>SAME</u>	
City <u>SAME</u>	State <u>RI</u>	City <u>SAME</u>	State <u>RI</u>
Zip <u>SAME</u>		Zip <u>SAME</u>	
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

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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.

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

Signature of Officer or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative