RI SOS Filing Number: 201699066870 Date: 05/18/2016 9:43 AM

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: 2016

1. Corporate ID No. 000544342

2. Name of Corporation FAITH FAMILY CHAPEL

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 205 HALLENE ROAD, SUITE 103/104
City or Town: WARWICK State: RI Zip: 02886 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

TO ESTABLISH A CHRISTIAN CHURCH AND SPREAD THE GOSPEL OF JESUS CHRIST 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	BRIAN REGAN	22 VICEROY ROAD WARWICK, RI 02886 USA
TREASURER	DEBORAH MARIE SAFFORD MRS	1208 HARTFORD PIKE NORTH SCITUATE, RI 02857 USA

0-9523-0

DIRECTOR	DODUG NELSON	133 FOREST AVE CRANSTON, RI 02910 USA
DIRECTOR	LOUIS DESOUSA	5 SHEPPARD DRIVE WARWICK, RI 02886 USA
DIRECTOR	STEPHANIE MENDES	16 EDGEWOOD ROAD CHEPACHET, RI 02814 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

PASTOR BRIAN REGAN 205 HALLENE ROAD, SUITE 103 WARWICK , RI 02886

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

Signed this 18 Day of May, 2016 at 9:47:04 AM 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 DEBORAH SAFFORD
Signature of Authorized Person

Form No. 631
Revised 09/07