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. 000522495

2. Name of Corporation Chapel of the Holy Spirit

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 155 DOUGLAS AVENUE
City or Town: PROVIDENCE State: RI Zip: 02908 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

THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS AND EDUCATIONAL
PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO INCORPORATIONS THAT QUALIFY AS EXEMPT INCORPORATIONS UNDER SECTION 501(C)(3) OF THE
INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX
CODE. THIS CORPORATION INTENDS TO CONSOLE, INTERCEDE, HELP, COMFORT, AND ADVOCATE
FOR THE MARGINALIZED MEMBERS OF SOCIETY BY BEING A CHURCH. AS A CHURCH WE GATHER
TO PRAY, SHARE FELLOWSHIP, AND DO OUTREACH TO THE GREATER COMMUNITY. THE CHURCH
ENCOURAGES ARTS AND CULTURE INALL FORMS. NO PART OF THE NET EARNINGS OF THE
CORPORATION SHALL INURE TO THE BENEFIT OF, OR BE DISTRIBUTED TO ITS

TRUSTEES,
OFFICERS, OR OTHER PRIVATE PERSONS, EXCEPT THAT THE CORPORATION SHALL BE AUTHORIZED
AND EMPOWERED TO PAY REASONABLE COMPENSATION FOR SERVICES RENDERED AND TO MAKE
PAYMENTS AND DISTRIBUTIONS IN FURTHERANCE OF THE PURPOSES SET FORTH ABOVE. NO
SUBSTANTIAL PART OF THE ACTIVITIES OF THE CORPORATION SHALL BE THE CARRYING ON OF
PROPAGANDA, OR OTHERWISE ATTEMPTING TO INFLUENCE LEGISLATION, AND THE CORPORATION
SHALL NOT PARTICIPATE IN, OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTION OF
STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF OR IN OPPOSITION TO ANY CANDIDATE
FOR PUBLIC OFFICE. NOTWITHSTANDING ANY OTHER PROVISION OF THESE ARTICLES, THIS
CORPORATION SHALL NOT, EXCEPT TO AN INSUBSTANTIAL DEGREE, ENGAGE IN ANY ACTIVITIES OR
EXERCISE ANY POWERS THAT ARE NOT IN FURTHERANCE OF THE PURPOSES OF THIS

CORPORATION.

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
DIRECTOR	STEVEN J. SILVA	421 BROAD STREET #3 CUMBERLAND, RI 02864 USA
DIRECTOR	ROBERT JOHN IOVINO	565 QUAKER LANE #53 WEST WARWICK, RI 02893 USA
DIRECTOR	JOHN P. REARDON	1333 SMITH STREET PROVIDENCE, RI 02908 USA
DIRECTOR	JAKE THIBAULT	20 WHIPPLE STREET PROVIDENCE, RI 02908 USA
DIRECTOR	JAMIE THIBAULT	20 WHIPPLE STREET PROVIDENCE, RI 02908 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

ROBERT IOVINO 565 QUAKER LANE, APT. 53 WEST WARWICK , RI 02893

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

Signed this 23 Day of May, 2016 at 1:23:54 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 ROBERT JOHN IOVINO, SR.
Signature of Authorized Person

Form No. 631
Revised 09/07

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