

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. 000508242

2. Name of Corporation NorthPointe Christian Church

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 37 THURBER BOULEVARD

City or Town: SMITHFIELD State: RI Zip: 02917 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

A RELIGIOUS CORPORATION WITH THE PURPOSE TO CONDUCT THE AFFAIRS AND BUSINESS OF AN INDEPENDENT CHRISTIAN CHURCH

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	SHAWN GREEN	83 DEER RUN TRAIL SMITHFIELD, RI 02917 USA
TREASURER	ED PLUMIER	37 THURBER BLVD SMITHFIELD, RI 02917 USA

DIRECTOR	BART SHAW	37 THURBER BLVD SMITHFIELD, RI 02917 USA
DIRECTOR	DONNA MARTINEAU	48 MACARTHUR DRIVE SMITHFIELD, RI 02917 USA
DIRECTOR	WESTON MARTIN	156 ELWYN STREET CRANTON, RI 02920 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

SHAWN GREEN 37 THURBER BLVD, SUITE 101 SMITHFIELD, RI 02917

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

Signed this 1 Day of June, 2016 at 11:41:05 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 EDWARD PLUMIER

Signature of Authorized Person

Form No. 631 Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved