



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 2016

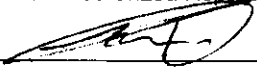
Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE

2016 JUN - 6

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SECRETARY OF STATE
CORPORATIONS DIV

PM 2:44

1. Entity ID Number 502782		2. Exact name of the Corporation Unity Chapel	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island A Church that trains and equips men and women for Christian Services.	
5. Principal Office Address 16 Gansett Ave. Cranston, RI, 02907		City Cranston	State RI
		Zip 02920	
6. List ALL officers (names and addresses). Check the box to indicate an attachment ☐			
President Name founder Rev. George S. Farley Sr.		Vice-President Name Co-founder McRinna W. Farley	
Street Address 74 portland Street		Street Address 74 portland Street	
City Providence	State RI	City Providence	State RI
Secretary Name Otea Tarjudeh		Treasurer Name financial person Eleanor Beale	
Street Address 165 Lowell Ave apt # 2		Street Address 37 Cecil Street	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Founder Rev. George S. Farley Sr.		Director Name McRinna W. Farley	
Street Address 74 portland Street		Street Address 74 portland Street	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Director Name Otea Tarjudeh		Director Name Eleanor Beale	
Street Address 165 Lowell Ave		Street Address 37 Cecil Street	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative REV. GEORGE S. FARLEY SR.			Date 6/6/16
Signature of Officer/Authorized Representative 			
SIGN DOCUMENT HERE			

FILED

JUN 06 2016

By 275993