



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

2016 JUN - 7
RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

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.

1. Entity ID Number		2. Exact name of the Corporation			
000124428		SAINT PAUL'S DELIVERANCE COMMUNITY CHURCH			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		Church			
5. Principal Office Address		City	State	Zip	
28 Apollo Road Apt 2F		East Providence	RI	02914	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name		
JoAnn Y. Crim			Vickie Wright		
Street Address			Street Address		
28 Apollo Road Apt 2F			35 Goff Street		
City	State	Zip	City	State	Zip
East Providence	RI	02914	Pawtucket	RI	02860
Secretary Name			Treasurer Name		
DAVID COE			ROSELENN STOVES		
Street Address			Street Address		
9 PARKER AVENUE Apt 6L			4 FREEBORN STREET		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02907	MIDDLETOWN	RI	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
JoAnn Y. Crim			Vickie Wright		
Street Address			Street Address		
28 Apollo Road Apt 2F			35 Goff Street		
City	State	Zip	City	State	Zip
East Providence	RI	02914	Pawtucket	RI	02860
Director Name			Director Name		
DAVID COE			ROSELENN STOVES		
Street Address			Street Address		
9 PARKER AVENUE Apt 6L			4 FREEBORN STREET		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02907	MIDDLETOWN	RI	
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative					Date
JoAnn Y. Crim					6-7-2016
Signature of Officer/Authorized Representative					
JOANN Y CRIM					SIGN DOCUMENT HERE

FILED

JUN 07 2016

By CC C104480A0