



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 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 · This report must be typed or printed legibly.
 Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 796537		2. Exact name of the Corporation Broken Chains Ministries			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island RELIGIOUS			
5. Principal office address 464 SILVER SPRING STREET		City PROVIDENCE	State RI	Zip 02904	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name BISHOP CARL RUSSO			Vice-President Name REV. LUCILLE RUSSO		
Street Address 464 SILVER SPRING STREET			Street Address 464 SILVER SPRING STREET		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
Secretary Name REV. LUCILLE RUSSO			Treasurer Name DENNIS DOURA		
Street Address 464 SILVER SPRING STREET			Street Address 8 DIVISION STREET		
City PROVIDENCE	State RI	Zip 02904	City MANVILLE	State RI	Zip 02838
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name REV. JACLYN PATULLO			Director Name DENNIS DOURA		
Street Address 464 SILVER SPRING STREET			Street Address 8 DIVISION STREET		
City PROVIDENCE	State RI	Zip 02904	City MANVILLE	State RI	Zip 02838
Director Name REV. GINA RUSSO			Director Name		
Street Address 464 SILVER SPRING STREET			Street Address		
City PROVIDENCE	State RI	Zip 02904	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY BY _____

FILED *or*

JUN 07 2016

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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.

Bishop Carl Russo **5/23/2016**
 Signature of Officer or Authorized Representative Date

BISHOP CARL RUSSO, PRESIDENT
 Print or Type Name of Officer or Authorized Representative