



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. 90421		2. Exact name of the Corporation OASIS OF GRACE CHURCH OF GOD -			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island RELIGIOUS/COMMUNITY OUTREACH			
5. Principal office address 464 SILVER SPRING STREET		City PROVIDENCE		State RI	Zip 02904
6. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Rev. Gina Russo			Vice-President Name Bishop Carl F. 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 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
7. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Tracy Reynolds			Director Name Brendalee Fernandez		
Street Address 109 Pine Oaks Road			Street Address 11562 Range View Road		
City Oroville	State CA	Zip 95966	City Mira Loma	State CA	Zip 91752
Director Name Catherine Brousseau			Director Name		
Street Address 55 North Washington Street			Street Address		
City Norton	State MA	Zip 02766	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

FILED *or*

JUN 07 2016

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Rev. Lucille Russo **5/23/2016**
Signature of Officer or Authorized Representative Date

Rev. Lucille Russo, Secretary/Treasurer

Print or Type Name of Officer or Authorized Representative