



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.** 000034133

**2. Name of Corporation** CONCORDIA CENTER FOR SPIRITUAL LIVING

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 292 WEST SHORE ROAD

City or Town: WARWICK

State: RI Zip: 02889 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**

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	REV IAN TAYLOR	55 CARRS TRAIL GREENE, RI 02827 USA
DIRECTOR	BETTY KORNITZER	119 WAYLAND TRAIL NARRAGANSETT, RI 02882 USA
CHAIR	TRACY AHMADIAN	19E SHADOW BROOK LANE

		SMITHFIELD, RI 02917 USA
VICE CHAIR	PAMELA PADULA	38 OGDEN AVE WARWICK, RI 02889 USA
TREASURER	JACK WARNER	40 OAK GROVE STREET EAST GREENWICH, RI 02818 USA
DIRECTOR	JOANNE SAPERS	42 ABBOTT AVENUE WARWICK, RI 02886 USA
DIRECTOR	BENJAMIN BLACKETT	100 KAY BLVD NEWPORT, RI 02840 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**

REV. IAN TAYLOR 55 CARRS TRAIL GREENE , RI 02827

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

**Signed this 13 Day of June, 2016 at 11:47:34 PM 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 REV IAN TAYLOR  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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