



**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. 000069358

2. Name of Corporation CALVARY CHAPEL CHRISTIAN FELLOWSHIP

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 266 DEVILS FOOT ROAD

City or Town: NORTH KINGSTOWN

State: RI

Zip: 02852

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

TO CORP. IS A RELITGIOUS CORPORATION.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
TREASURER	NORMAN LEBLANC	2 CHURCH AVE WEST WARWICK, RI 02893 USA
SECRETARY	PAULA CHAPMAN	19 REELAND AVE WARWICK, RI 02886 USA
PRESIDENT	RICHARD CHAPMAN	19 REELAND AVE

		WARWICK,, RI 02886 USA
VICE PRESIDENT	TIMOTHY HAMILTON	15665 SAGE CT MORENO VALLEY, CA 92552 USA
DIRECTOR	TIMOTHY HAMILTON	15665 SAGE CT MORENO VALLEY, RI 92552 USA
DIRECTOR	RICHARD CHAPMAN	19 REELAND AVE WARWICK, RI 02886 USA
DIRECTOR	PAULA CHAPMAN	19 REELAND AVE WARWICK, RI 02886 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**

RICHARD M. CHAPMAN 266 DEVILS FOOT ROAD NORTH KINGSTOWN , RI 02852

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

Signed this 17 Day of June, 2016 at 4:30:53 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 RICHARD CHAPMAN
Signature of Authorized Person

Form No. 631
Revised 09/07