



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

FILED

JUL 05 2016

By

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  |                                       |          |           |
| 530578  |          | COMMUNITY CHURCH OF GOD   |                                       |          |           |
| 3. State of Incorporation   |          | 4. Brief description of the character of business conducted in Rhode Island |                                       |          |           |
| RI  |          | RELIGIOUS   |                                       |          |           |
| 5. Principal Office Address   |          | City  | State                                 | Zip      |           |
| P.O. Box 345  |          | Wakefield   | RI                                    | 02880    |           |
| 6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |          |   |                                       |          |           |
| President Name Loribeth Taylor  |          |   | Vice-President Name Edwin Taylor, III |          |           |
| Street Address 502 Stony Fort Road  |          |   | Street Address 502 Stony Fort Road    |          |           |
| City Saunderstown   | State RI | Zip 02874   | City Saunderstown                     | State RI | Zip 02874 |
| Secretary Name Anne Fish  |          |   | Treasurer Name Edwin Taylor, III      |          |           |
| Street Address 44 River Heights Drive   |          |   | Street Address 502 Stony Fort Road    |          |           |
| City Wakefield  | State RI | Zip 02879   | City Saunderstown                     | State RI | Zip 02874 |
| 7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>        |          |   |                                       |          |           |
| Director Name Wayne Sampson   |          |   | Director Name                         |          |           |
| Street Address 25 Orchard Street  |          |   | Street Address                        |          |           |
| City Wakefield  | State RI | Zip 02879   | City                                  | State    | Zip       |
| Director Name   |          |   | Director Name                         |          |           |
| Street Address  |          |   | Street Address                        |          |           |
| City  | State    | Zip   | City                                  | State    | Zip       |
| 8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.   |          |   |                                       |          |           |
| <b>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.</b> |          |   |                                       |          |           |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>                                  |          |   |                                       |          |           |
| Name of Officer/Authorized Representative   |          |   |                                       | Date     |           |
| Signature of Officer/Authorized Representative  |          |   |                                       | 6/12/16  |           |