

State of Rhode Bland 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

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Non-Profit Corporation Filing period: June 1 - June 3		port for the	year:	7-1-				
Filing Fee: \$20.00 *FAILURI		S REPORT BY	JULY 30 WILL RESULT IN	I A \$25.00 PENA	LTY FEE.			
1. Entity ID Number	2. Exact name	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)			Check the box to indicate an attachment					
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	d addresses). RI	Corporations MI		ers. neck the box to indicat	e an attachment			
Director Name Wayne Sampson			Director Name					
Street Address 25 Orchard Street			Street Address					
^{City} Wakefield	State RI	^{Zip} 02879	City	State	Zìp			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
8. Registered Agent in Rhode Is	land. This informa	ation is currently of	record in the Department of State.	Changes require filin	g Form 641.			
Under penalty of perjury, I dec statements, and that all states			-	any accompanying	schedules and			
This report must be signed by either the	President, Vice Presi	dent, Secretary, Assis	stant Secretary, Treasurer, duly Authoriz	ed Representative, Rece	iver or Trustee.			
Name of Officer/Authorized Reg	Date	1						
Com le He IT				6/12/	16			
Signature of Officer/Authorized I	Representative	٠		/ -/				

Form No. 631 Revised: 2016