

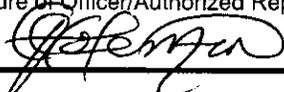


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 JUL -8 PM 12:34

1. Entity ID Number 588796		2. Exact name of the Corporation Belhel Christian Center	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island to preach and teach the gospel and also to help meet the spiritual and physical needs of people	
5. Principal Office Address 83 Arthur Street		City Pawtucket	State RI
		Zip 02860	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Pastor James K. Coleman		Vice-President Name Catherine Coleman	
Street Address 83 Arthur Street		Street Address 83 Arthur Street	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
Secretary Name Samuel B. Harris		Treasurer Name	
Street Address 22 Garden Street		Street Address	
City Pawtucket	State RI	City	State
Zip 02860		Zip	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Sam Harris		Director Name Maria Kular	
Street Address 22 Garden Street		Street Address 13 Leonard Jenan Dr.	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
Director Name Catherine Coleman		Director Name	
Street Address 83 Arthur Street		Street Address	
City Pawtucket	State RI	City	State
Zip 02860		Zip	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<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 James K. Coleman			Date 7-7-16
Signature of Officer/Authorized Representative 			SIGN DOCUMENT HERE

FILED ✓

JUL 08 2016

BY CM 278570

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov