



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.

1. Entity ID Number 000026533		2. Exact name of the Corporation East Providence Church of Christ			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Religious Activities			
5. Principal Office Address 22 Wampanoag Trail			City East Providence	State RI	Zip 02915
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Betty J Barney (trustee)			Vice-President Name Richard Kizirian (trustee)		
Street Address 77 Dorr Avenue			Street Address 3616 Walton Avenue		
City Riverside	State RI	Zip 02915	City Fort Worth	State TX	Zip 76133
Secretary Name Janice Kizirian (trustee)			Treasurer Name Shirley Toombs (trustee)		
Street Address 3616 Walton Avenue			Street Address 14 Wamsetta Avenue		
City Fort Worth	State TX	Zip 76133	City Riverside	State RI	Zip 02915
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 Betty J Barney, trustee			Director Name Richard Kizirian, trustee		
Street Address 77 Dorr Avenue			Street Address 3616 Walton Avenue		
City Riverside	State RI	Zip 02915	City Fort Worth	State TX	Zip 76133
Director Name Janice Kizirian, trustee			Director Name Shirley Toombs, trustee		
Street Address 3616 Walton Avenue			Street Address 14 Wamsetta Avenue		
City Fort Worth	State TX	Zip 76133	City Riverside	State RI	Zip 02915
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative					Date
Richard Kizirian					
Signature of Officer/Authorized Representative					
SIGN DOCUMENT HERE					7. 1. 16

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

2016 JUN 8 8-710 910Z

FILED

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BY **CA 278560**

FORM 631 - Revised: 05/2016

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 SECRETARY OF STATE
 DIVISION OF BUSINESS SERVICES