



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 <u>118029</u>		2. Exact name of the Corporation <u>Operation Compassion Church of God of RI</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Non profit. General welfare</u>	
5. Principal Office Address <u>297 Elmwood Ave</u>		City <u>Prov.</u>	State <u>RI</u>
		Zip <u>02908</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Rose Marie Simon</u>		Vice-President Name <u>Yerlange Denor</u>	
Street Address <u>214 Home Ave</u>		Street Address <u>130 Progress Ave</u>	
City <u>Prov</u>	State <u>RI</u>	City <u>Prov</u>	State <u>RI</u>
Zip <u>02908</u>		Zip <u>02909</u>	
Secretary Name <u>Rose Belong</u>		Treasurer Name <u>Erick Denor</u>	
Street Address <u>287 Killingly St</u>		Street Address <u>130 Progress Ave</u>	
City <u>Prov</u>	State <u>RI</u>	City <u>Prov.</u>	State <u>RI</u>
Zip <u>02909</u>		Zip <u>02909</u>	
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 <u>Joseph Simon</u>		Director Name <u>Philippe Simon</u>	
Street Address <u>214 Home Ave</u>		Street Address <u>214 Home Ave</u>	
City <u>Prov</u>	State <u>RI</u>	City <u>Prov</u>	State <u>RI</u>
Zip <u>02908</u>		Zip <u>02908</u>	
Director Name <u>Jeru Auguste</u>		Director Name <u>Deborah Simon</u>	
Street Address <u>51 Windmill St</u>		Street Address <u>214 Home Ave</u>	
City <u>Prov</u>	State <u>RI</u>	City <u>Prov</u>	State <u>RI</u>
Zip <u>02902</u>		Zip <u>02908</u>	
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 <u>Rose Marie Simon</u>			Date <u>7/9/16</u>
Signature of Officer/Authorized Representative <u>Rose Marie Simon</u>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

JUL 13 2016

BY [Signature]

FORM 631 - Revised: 05/2016