Department of S			Div	ision			
Annual Report for the y Non-Profit Corporation → Filing period: June 1 - Ju → Filing Fee: \$20.00 → Penalty: Additional \$25.00	ne 30	t filed by July 30	<u> </u>				
1. Entity ID Number	2. Exact name of the Corporation Operation Compassion Church of Good of RI						
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island NON ριοκί - General Welfare						
5. Principal Office Address 297 Emurod Are			City),o1,	State	UZG08	
6. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Vose Marie Simon			Vice-President Name Yer angle Tolynov				
Street Address 211 Home Sue			Street Address Bu Progress Ave				
City P	State	Zip OS ÚJ	City	Prov	State	Zip 02909	
Secretary Name XCS c	Belony			Treasurer Name EREK Denov			
Street Address 287 Ki	Hingley	St	Street Address 30 Progress Cure City Prov. State RT Zip 82909				
City Past	State Z	Zip ozgog	City	Prov.	State RI	Zip 02909	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.							
Director Name Joseph Simon			Director Name Du proc Sinou				
Street Address 214 Home Ave			Street Address 2/4/ Im Are				
City P~~	State	Zip 02408	City	Pw	State	Zip 02908-	
Director Name De mar Auguste			Director Name De Sorah Simon				
Street Address 51 Will	windmill St			Street Address 214 Home Ave			
City Das	State 7	Zip 02902/	City	Prov	State R	Zip 02908	
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							

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

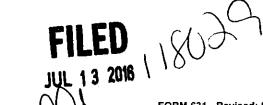
Name of Officer/Authorized Representative

Signature of Officer/Authorized Representative

statements, and that all statements contained herein are true and correct.

State of Rhode Island and Providence Plantations

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 631 - Revised: 05/2016