



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

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.

2016 JUL 15 AM 10:41

1. Entity ID Number 998086		2. Exact name of the Corporation ONE IN CHRIST COMMUNITY, INC			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island CHURCH			
5. Principal Office Address 142 DEWEY AVE		City EAST PROVIDENCE		State RI	Zip 02914
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBSON PINTO		Vice-President Name			
Street Address 142 DEWEY AVE		Street Address			
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name DEIVID CAMPOS		Treasurer Name			
Street Address 132 FIRST ST		Street Address			
City EAST PROVIDENCE	State RI	Zip 02914	City	State	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 WAGNER MACHADO		Director Name ZEZITO TEIXEIRA			
Street Address 50 MARY AVE		Street Address 93 FIRST ST			
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Director Name ROBSON PINTO		Director Name			
Street Address 142 DEWEY AVE		Street Address			
City EAST PROVIDENCE	State RI	Zip 02914	City	State	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.					
<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	
				7/15/16	
Signature of Officer/Authorized Representative					

SHARED HERE

FILED

JUL 15 2016

By 279098

FORM 631 - Revised: 05/2016

KM

MAIL TO:

Division of Business Services

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