



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 849347		2. Exact name of the Corporation Christ Fellowship church	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island <i>To operate as a nondenominational christian church and for religious charitable and educational purposes related to the congregation operation</i>	
5. Principal Office Address P.O. Box 41230		City Providence	State R.I.
		Zip 02940	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Lawrence Reid		Vice-President Name Barbara J. Bryant	
Street Address 36 Crocus St		Street Address 40 Wellington St	
City warwick	State R.I.	City E. Prov	State R.I.
Zip 02886		Zip 02914	
Secretary Name Nellie Jones		Treasurer Name Deborah A. Wilkinson	
Street Address 83 Carolina Ave		Street Address 131 Allston St	
City Providence	State R.I.	City Providence	State R.I.
Zip 02905		Zip 02908	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Odessia Daniels		Director Name warren W. Brown	
Street Address 15 Morton St		Street Address 116 Robinson St	
City Providence	State R.I.	City Providence	State R.I.
Zip 02905		Zip 02905	
Director Name Kimberly Fields		Director Name ELMO Alexander (Deceased)	
Street Address 150 Bridham St		Street Address 131 Allston St	
City Providence	State R.I.	City Providence	State R.I.
Zip 02908		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 statements, and that all statements contained herein are true and correct.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Nellie Jones			Date 7-20-16
Signature of Officer/Authorized Representative <i>Nellie Jones</i>			

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

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