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	2. Exact name of the Corporation
849347	Christ Fellowship church
3. State of Incorporation: R.I	4. Brief description of the character of business conducted in Rhode Island: To operate as a nondenominational christian church and for religious charitable and educational purposes related to the Congregation of Christ

5. Principal Office Address	City	State	Zip
P.O. Box 41230	Providence	R.I	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: RI	Zip: 02886	City: E. Prov	State: RI	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	Zip: 02905	City: Providence	State: RI	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: RI	Zip: 02905	City: Providence	State: RI	Zip: 02905
Director Name: Kimberly Fields			Director Name: ELMO Alexander (Deceased)		
Street Address: 150 Bridham St			Street Address: 131 Allston St		
City: Providence	State: RI	Zip: 02908	City: Providence	State: RI	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	Date
Nellie Jones	7-20-16

Signature of Officer/Authorized Representative: Nellie Jones

FILED
JUL 22 2016
BY 201

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