Department of State - Business Services Division							
Annual Report for the y Non-Profit Corporation  → Filing period: June 1 - Ju  → Filing Fee: \$20.00  → Penalty: Additional \$25.00	une 30	ما اه ot filed by July 30	<u> </u>				
1. Entity ID Number	1	of the Corporatio	Biblech	UPE	<u>_</u> L_	· · · · · · · · · · · · · · · · · · ·	
3. State of Incorporation	. State of Incorporation 4. Brief description of the character of business conducted in Rhode Island						
Rili	TEACHING PEOPLE THE BIBLE						
5. Principal Office Address 777 CoいとSET	Rd. Apr	C205	City WARWICK		State R. I.	Zip 02886	
6. List ALL officers (names and addresses)  Check the box to indicate an attack						dicate an attachment	
President Name REV. ROBERT J. ACKRON			Vice-President Name REV. DON FRECETE				
Street Address 777 COWESETT Rd. APT. C-205			Street Address ADT. C-15				
CITY ARWICK	State R1 \-	Zip 02886	City WARWICK		State R. I.	Zip O2689	
Secretary Name  PAT ACKRON	Treasurer Name  KELLY  DURANO						
Street Address	Rd Apr.	.C205	Street Address	براء	AVE	<del>-                                    </del>	
City WARWICK	State R.I.	Zip OZYYG	City WARWICK		State	zir02889	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment							
Director Name (KEY-KODERT), ACKRON			Director Name DON FREDETTE				
Street Address 777 Coweset	TRd H	pT.C-205	Street Address	in /	<del>\</del>	л.С-15	
City WARNICK	State (2,)	Zip	City WAKWIC	LK.	State	Zip 0288 9	
Director Name  SELLY DURANG			Director Name				
Street Address ADD CLY AVE			Street Address				
City WARWICK	State R.1.	Zip 02889	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.							

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

FILED

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

State of Rhode Island and Providence Plantations

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 2 5 2016 L 47-031885379 FORM 631 - Revised: 05/2016