



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2016

**1. Corporate ID No.** 000031052

**2. Name of Corporation** Cranston Christian Fellowship

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 1114 SCITUATE AVENUE

City or Town: CRANSTON

State: RI Zip: 02920 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

CHURCH

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	VINCENT S. PODMASKA	7 FACTORY POND CIRCLE GREENVILLE, RI 02828 USA
SECRETARY	STEPHEN HUTCHINS	29 RISE-N-SUN DR. HOPE, RI 02831 USA
DIRECTOR	JAMES RICCI	51 JUDY TERRACE

		WEST WARWICK, RI 02893 USA
DIRECTOR	DAVID GADOURY	30 ECHO LN CRANSTON, RI 02921 USA
DIRECTOR	RICK MOORE	775 SANDY LN WARWICK, RI 02886 USA
DIRECTOR	ANDREW MASON	182 POND ST CRANSTON, RI 02910 US

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

VINCENT S. PODMASKA 1114 SCITUATE AVENUE CRANSTON , RI 02921

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

**Signed this 31 Day of July, 2016 at 8:38:30 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By VINCENT PODMASKA  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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