



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 <b>27171</b>		2. Exact name of the Corporation <b>First Assembly of God of the City of Woonsocket, State of Rhode Island, Incorporated</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Religious instruction, fellowship, and related activities to charitable outreaches</b>			
5. Principal Office Address <b>420 Mendon Rd</b>			City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Rev. Jeffrey Mount</b>			Vice-President Name		
Street Address <b>92 Diana Drive</b>			Street Address		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City	State	Zip
Secretary Name <b>Keith Neary</b>			Treasurer Name <b>Same as Secretary</b>		
Street Address <b>138 Hebert Ave</b>			Street Address		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City	State	Zip
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Scott Majeau</b>			Director Name <b>Paul Pincince</b>		
Street Address <b>5 Briden St.</b>			Street Address <b>52 Cape Road</b>		
City <b>N. Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>Mendon</b>	State <b>MA</b>	Zip <b>01756</b>
Director Name <b>Rob Bozek</b>			Director Name		
Street Address <b>2 Terrace Ave</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	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.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Keith T. Neary</b>				Date <b>7/31/16</b>	
Signature of Officer/Authorized Representative <span style="float: right;">SIGN DOCUMENT HERE</span>					

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

**FILED**  
 AUG 1 2016  
 BY 3092  
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FORM 631 - Revised: 05/2016