



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2015
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.

RECEIVED
 R.I. DEPT. OF STATE
 BUSINESS DIV
 2016 OCT 21 AM 11:13

1. Entity ID Number 789066		2. Exact name of the Corporation HOLY CROSS Church Fellowship Center			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Worship and Prayer			
5. Principal Office Address 341 Market St		City WARREN	State R.I.	Zip 02885	
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Rev Ricky Champlin		Vice-President Name Kelsey Champlin			
Street Address 341 Market St		Street Address 341 Market St			
City WARREN	State R.I.	Zip 02885	City WARREN	State R.I.	Zip 02885
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name JAYLYNN COOLEY		Director Name Kelsey Champlin			
Street Address 341 Market St		Street Address 341 Market St			
City WARREN	State R.I.	Zip 02885	City WARREN	State R.I.	Zip 02885
Director Name		Director Name Rev Ricky Champlin			
Street Address		Street Address 341 Market St			
City	State	Zip	City WARREN	State R.I.	Zip 02885
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.					
<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 Rev Ricky Champlin				Date 10/21/2016	
Signature of Officer/Authorized Representative Rev Ricky Champlin				SIGN DOCUMENT HERE	

FILED

OCT 21 2016

By 286564
 A.A. 11:16 A.M.

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