



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2014

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.

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BUS. SVCS. DIV.

2016 OCT 21 AM 11:13

1. Entity ID Number <u>789066</u>		2. Exact name of the Corporation <u>HOLY CROSS Church Fellowship Center</u>			
3. State of Incorporation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Worship and Prayer</u>			
5. Principal Office Address <u>341 Market ST.</u>		City <u>WARREN</u>	State <u>R.I.</u>	Zip <u>02885</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Rev Ricky Champlin</u>		Vice-President Name <u>Kelsey Champlin</u>			
Street Address <u>341 Market ST.</u>		Street Address <u>341 Market ST.</u>			
City <u>WARREN</u>	State <u>R.I.</u>	Zip <u>02885</u>	City <u>WARREN</u>	State <u>R.I.</u>	Zip <u>02885</u>
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 <u>JAYLYNN COOLEY</u>		Director Name <u>Kelsey Champlin</u>			
Street Address <u>341 Market ST.</u>		Street Address <u>341 Market ST.</u>			
City <u>WARREN</u>	State <u>R.I.</u>	Zip <u>02885</u>	City <u>WARREN</u>	State <u>R.I.</u>	Zip <u>02885</u>
Director Name		Director Name <u>Rev Ricky Champlin</u>			
Street Address		Street Address <u>341 Market ST.</u>			
City	State	Zip	City <u>WARREN</u>	State <u>R.I.</u>	Zip <u>02885</u>
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <u>Rev Ricky Champlin</u>				Date <u>10/21/2016</u>	
Signature of Officer/Authorized Representative <u>Rev Ricky Champlin</u>				SIGN DOCUMENT HERE	

FILED

OCT 21 2016

By 280564
A.A. 11:15 A.M.

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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FORM 631 - Revised: 05/2016