



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.

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BUS SVCS DIV.

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1. Entity ID Number <u>000025958</u>		2. Exact name of the Corporation <u>Church of God 2nd Saints of Christ, First Tabernacle</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Religion</u>	
5. Principal Office Address <u>105 Dodge Street</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02907</u>
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Kenneth A. Heideburg</u>		Vice-President Name <u>Emmerson Cunningham</u>	
Street Address <u>112 Sunnyside Dr</u>		Street Address <u>58 Balm St</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Woonsocket</u>	State <u>RI</u>
Zip <u>02889-4410</u>		Zip <u>02895</u>	
Secretary Name <u>DONALD E. SILVA</u>		Treasurer Name	
Street Address <u>173 Warrington Street</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02907</u>			
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>Kenneth A. Heideburg</u>		Director Name <u>Emmerson Cunningham</u>	
Street Address <u>112 Sunnyside Dr</u>		Street Address <u>58 Balm St</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Woonsocket</u>	State <u>RI</u>
Zip <u>02889-4410</u>		Zip <u>02895</u>	
Director Name <u>DONALD E. SILVA</u>		Director Name	
Street Address <u>173 Warrington Street</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02907</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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>Kenneth A. Heideburg</u>		Date <u>12/27/2016</u>	
Signature of Officer/Authorized Representative <u>Kenneth A. Heideburg</u>		SIGN DOCUMENT HERE	

FILED

DEC 27 2016

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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A.A.

FORM 631 - Revised: 05/2016