



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.** 000564366

**2. Name of Corporation** Sacred Exchange Fellowship

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 75 DIVISION STREET

City or Town: WARWICK

State: RI Zip: 02818 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**

CHRISTIAN CHURCH TO ENGAGE IN THE PREACHING AND TEACHING OF THE GOSPEL OF JESUS CHRIST

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	Address
PRESIDENT	MICHAEL CAPARRELLI JR	204 MAIN ST ASHAWAY, RI 02804 USA
BOOKKEEPER	ROSEANNE DEANGELIS	75 DIVISION STREET WARWICK, RI 02818 UNI

DIRECTOR	DOUG RUSHWORTH	30 KINGSTON RD NARRAGANSETT, RI 02882 USA
DIRECTOR	RICHARD SFAMENI	5 CARRIAGE WAY NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	MICHAEL CAPARRELLI JR	204 MAIN STREET ASHAWAY , RI 02804 USA

**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**

MICHAEL CAPARRELLI 75 DIVISION STREET WARWICK , RI 02818

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

**Signed this 7 Day of February, 2017 at 3:00:10 PM 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 ROSEANNE DEANGELIS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2017 State of Rhode Island and Providence Plantations  
All Rights Reserved