



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

Annual Report for the year: 2017
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 26765		2. Exact name of the Corporation ASIA FOR CHRIST MINISTRY/GRACE BIBLE CHURCH (INCORPORATED)			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CHURCH RELATED ACTIVITIES			
4. NAICS Code 813110 <input type="checkbox"/>					
6. Principal Office Address 17 FRIENDSHIP STREET		City NORTH PROVIDENCE	State RI	Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dr (Rev) Oommen George Kutty			Vice-President Name Mrs Kamalampikai Kutty		
Street Address 17 Friendship Street			Street Address 17 Friendship Street		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Rev (Dr) Dennis Monroe Sr			Treasurer Name Rev Julius Adeffemiwa		
Street Address 139 Sandy Brook Road			Street Address 42 Vineyard Street		
City North Scituate	State RI	Zip 02857	City Providence	State RI	Zip 02907
8. 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 Dr (Rev) Oommen George Kutty			Director Name Mrs Kamalampikai Kutty		
Street Address 17 Friendship Street			Street Address 17 Friendship Street		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Director Name Mrs Stella Adefemiwa			Director Name Rev (Dr) Dennis Monroe Sr		
Street Address 42 Vineyard Street			Street Address 139 Sandy Brook Road		
City Providence	State RI	Zip 02907	City North Scituate	State RI	Zip 02857
9. 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 Mrs Kamalampikai Kutty				Date June 1, 2017	
Signature of Officer/Authorized Representative 					

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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JUN 05 2017

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