



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

R.I. DEPT. OF STATE  
 BUSINESS DIV

2017 JUN -7 AM 10:46

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.

|  |                    |  |                             |
|--|--------------------|--|-----------------------------|
| 1. Entity ID Number<br><u>28883</u>  |                    | 2. Exact name of the Corporation<br><u>CHRISTADELPHIAN ECCLESIA OF CRANSTON RI, INC</u>                      |                             |
| 3. State of Incorporation<br><u>RHODE ISLAND</u>   |                    | 4. Brief description of the character of business conducted in Rhode Island<br><u>NON PROFIT - RELIGIOUS</u> |                             |
| 5. Principal Office Address<br><u>2104 CRANSTON STREET</u>   |                    | City<br><u>CRANSTON</u>  | State<br><u>RI</u>          |
|  |                    | Zip<br><u>02920</u>  |                             |
| 6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |                             |
| President Name<br><u>STEPHAN HAUGHTON</u>  |                    | Vice-President Name<br><u>RAY ENTWISTLE</u>  |                             |
| Street Address<br><u>160 MISHNOCK RD</u>   |                    | Street Address<br><u>184 FAIRWAY DR.</u>   |                             |
| City<br><u>W. GREENWICH</u>  | State<br><u>RI</u> | Zip<br><u>02817</u>  | City<br><u>ATTLEBORO</u>    |
|  |                    |  | State<br><u>MA</u>          |
|  |                    |  | Zip<br><u>02703</u>         |
| Secretary Name<br><u>JEFFREY WALLACE</u>   |                    | Treasurer Name<br><u>ELLIOT LEWIN JR</u>   |                             |
| Street Address<br><u>128 NORTH AVE</u>   |                    | Street Address<br><u>68 STEERE FARM RD</u>   |                             |
| City<br><u>ROCHESTER</u>   | State<br><u>MA</u> | Zip<br><u>02770</u>  | City<br><u>HARRISVILLE</u>  |
|  |                    |  | State<br><u>RI</u>          |
|  |                    |  | Zip<br><u>02830</u>         |
| 7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |  |                             |
| Director Name<br><u>ELLIOT LEWIN SR</u>  |                    | Director Name<br><u>BRUCE HAUGHTON</u>   |                             |
| Street Address<br><u>CHESTNUT HILL RD</u>  |                    | Street Address<br><u>306 Mt Hope St</u>  |                             |
| City<br><u>CHEPACHET</u>   | State<br><u>RI</u> | Zip<br><u>02814</u>  | City<br><u>No ATTLEBORO</u> |
|  |                    |  | State<br><u>MA</u>          |
|  |                    |  | Zip<br><u>02760</u>         |
| Director Name<br><u>ELLIOT LEWIN JR</u>  |                    | Director Name  |                             |
| Street Address<br><u>68 STEERE FARM RD</u>   |                    | Street Address   |                             |
| City<br><u>HARRISVILLE</u>   | State<br><u>RI</u> | Zip<br><u>02830</u>  | City                        |
|  |                    |  | State                       |
|  |                    |  | Zip                         |
| 8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.  |                    |  |                             |
| <b>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.</b>        |                    |  |                             |
| <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<br><u>ANTHONY J. M. IIA SR</u>   |                    |  | Date<br><u>6/11/16</u>      |
| Signature of Officer/Authorized Representative<br>   |                    |  | SIGN DOCUMENT HERE          |

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**FILED**  
 JUN 07 2017  
 BY 205467

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