



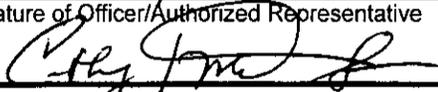
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 <u>28883</u>		2. Exact name of the Corporation <u>CHRISTADELPHIAN ECCLESIA OF CRANSTON RI, INC</u>			
3. State of Incorporation <u>RHODE ISLAND</u>		4. Brief description of the character of business conducted in Rhode Island <u>NON PROFIT - RELIGIOUS</u>			
5. Principal Office Address <u>2104 CRANSTON STREET</u>			City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>STEPHAN HAUGHTON</u>			Vice-President Name <u>RAY ENTWISTLE</u>		
Street Address <u>160 MISHNOCK RD</u>			Street Address <u>184 FAIRWAY DR.</u>		
City <u>W. GREENWICH</u>	State <u>RI</u>	Zip <u>02817</u>	City <u>ATTLEBORO</u>	State <u>MA</u>	Zip <u>02703</u>
Secretary Name <u>JEFFREY WALLACE</u>			Treasurer Name <u>ELLIOT LEWIN JR</u>		
Street Address <u>128 NORTH AVE</u>			Street Address <u>68 STEERE FARM RD</u>		
City <u>ROCHESTER</u>	State <u>MA</u>	Zip <u>02770</u>	City <u>HARRISVILLE</u>	State <u>RI</u>	Zip <u>02830</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>ELLIOT LEWIN SR</u>			Director Name <u>BRUCE HAUGHTON</u>		
Street Address <u>CHESTNUT HILL RD</u>			Street Address <u>306 Mt Hope St</u>		
City <u>CHEPACHET</u>	State <u>RI</u>	Zip <u>02814</u>	City <u>No ATTLEBORO</u>	State <u>MA</u>	Zip <u>02760</u>
Director Name <u>ELLIOT LEWIN JR</u>			Director Name		
Street Address <u>68 STEERE FARM RD</u>			Street Address		
City <u>HARRISVILLE</u>	State <u>RI</u>	Zip <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.					
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 <u>ANTHONY J. M. IIA SR</u>				Date <u>7/11/16</u>	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

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JUN 07 2017

BY [Signature] 205467

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov