



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.

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RI
STATE
BUSINESS
DIVISION

1. Entity ID Number 28823		2. Exact name of the Corporation CHRISTADELPHIAN ECCLESIA OF CRANSTON RI INC			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island NON PROFIT - RELIGIOUS			
4. NAICS Code 81					
6. Principal Office Address 2104 CRANSTON STREET			City CRANSTON	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEPHAN HAUGHTON			Vice-President Name RAY ENTWISTLE		
Street Address 160 MISHNOCK ROAD			Street Address 184 FAIRWAY DRIVE		
City WEST GREENWICH	State RI	Zip 02817	City ATTLEBORO	State MA	Zip 02703
Secretary Name JEFFREY WALLACE			Treasurer Name ELLIOT LEWIN JR		
Street Address 128 NORTH AVENUE			Street Address 68 STEERE FARM ROAD		
City ROCHESTER	State MA	Zip 02770	City HARRISVILLE	State RI	Zip 02830
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 ELLIOT LEWIN SR			Director Name BRUCE HAUGHTON		
Street Address CHESTNUT HILL ROAD			Street Address 306 MT HOPE STREET		
City CHEPACHET	State RI	Zip 02814	City N ATTLEBORO	State MA	Zip 02760
Director Name ELLIOT LEWIN JR			Director Name		
Street Address 68 STEERE FARM ROAD			Street Address		
City HARRISVILLE	State RI	Zip 02830	City	State	Zip
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 Elliot Lewin Jr				Date 05/23/17	
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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