



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 60558		2. Exact name of the Corporation Church of the Acts			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Ministering the gospel of Jesus Christ in the community, hospitals, prisons and institutions, at home and abroad			
4. NAICS Code 813110					
6. Principal Office Address 116 Railroad Avenue			City Harrisville	State RI	Zip 02830
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Pastor Michael Kropman			Vice-President Name Daniel Masse		
Street Address 116 Railroad Ave			Street Address 110 Grove Rd		
City Harrisville	State RI	Zip 02830	City Pascoag	State RI	Zip 02859
Secretary Name Cheryl Lamoureux			Treasurer Name Michael Kropman		
Street Address 225 Hill Rd			Street Address 116 Railroad Ave		
City Harrisville	State RI	Zip 02830	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 Pastor Michael Kropman			Director Name Daniel Masse		
Street Address 116 Railroad Ave			Street Address 110 Grove Rd		
City Harrisville	State RI	Zip 02830	City Pascoag	State RI	Zip 02859
Director Name Carol Masse			Director Name Linda Kropman		
Street Address 110 Grove Rd			Street Address 116 Railroad Ave		
City Pascoag	State RI	Zip 02859	City Harrisville	State RI	Zip 02830
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 Pastor Michael Kropman					Date 6-12-17
Signature of Officer/Authorized Representative <i>[Signature]</i>					FILED JUN 15 2017 BY [Signature]

MAIL TO:

Division of Business Services

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