



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE

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 R.I. DEPT. OF STATE
 SVCS DIV
 JUN 21 2017
 AM 9:59

1. Entity ID No. 849347		2. Exact name of the Corporation Christ Fellowship Church	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island To operate as a nondenominational Christian church, and for religious, charitable, and educational purposes related to the congregation operation	
5. Principal office address P.O. Box 41230		City Providence	State R.I.
		Zip 02940	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Lawrence Reid		Vice-President Name Barbara J. Bryant	
Street Address 36 Crocus Street		Street Address 40 Wellington Street	
City Warwick	State RI	City E. Providence	State RI
Zip 02886		Zip 02914	
Secretary Name Nellie L. Jones		Treasurer Name Deborah Wilkinson	
Street Address 83 Carolina Ave		Street Address 131 Allston St	
City Providence	State R.I.	City Providence	State R.I.
Zip 02905		Zip 02908	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Odessia Daniels		Director Name WARREN BROWN	
Street Address 15 Morton Street		Street Address 116 Robinson St	
City Providence	State R.I.	City Provi.	State R.I.
Zip 02905		Zip 02905	
Director Name Kimberly Fields		Director Name	
Street Address 159 Bridgman St Apt 8		Street Address	
City Provi.	State R.I.	City	State
Zip 02907		Zip	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____
 Check No _____
 By: _____
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FILED
JUN 21 2017

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.

Lawrence Reid
 Signature of Officer or Authorized Representative Date **6/21/17**

Lawrence Reid
 Print or Type Name of Officer or Authorized Representative