RI SOS Filing Number: 201746660110 Date: 6/26/2017 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2017

→ 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	1/) 1	f the Corporation	1				
28842	Christia	n Brothe	throad Bibl	e len	Mole		
3. State of Incorporation		_	r of business conducted				
K·I.	treac	hing 6	Fospel-1	v1)=ed	dings		
4. NAICS Code		15MS			J		
813110	ωф,	-2110					
6. Principal Office Address			City		State	Zip	
29 Elgin Stra	ام		Marwic	<u></u>	KI	02689	
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name		Rev. T Mathier Bureau					
Street Address Niantic	Avenue		Street Address	Stree	, ,		
Warwick.	Staje	Zip DXXXX	City War w 1cla	_	State	2589 02889	
Secretary Name () 2 () Mail	louv		Treasurer Name	(Pin	ià		
Street Address Cin Stre	et		Street Address	lork	City		
City Warwick	State R1	Zip 2889	city New York	City	State V.Y.	Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name HINLE BUTEAU	.)		Director Name		cione		
Street Address 29 Elain Street			Street Address Wilmandy 6 312				
city Warwick	State	zio ())3889	Cilvel Ray Bé	ach	State .	²³ 3484	
Director Name	ara		Director.Name	NCX	Alister		
Street Address 12 Dry B	ok Rd.		Street Address Elo	in St	reet	····	
city Warwick	State R	Zip (1) 859	city Warwic	<u> </u>	State R \	219 7889	
9. Registered Agent in Rhode Island. This information is ситтеntly 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.							
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Representative			Date 6,23,2017				
1 to to h	<u> </u>				012-100		
Signature of Officer/Authorized Repr	resentative		HILLU				
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

