



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 001658736		2. Exact name of the Corporation THE HOLY TRINITY ANGLICAN CHURCH			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO WORSHIP GOD, PROCLAIM CHRIST'S LOVE AND TO TRANSFORM LIVES THROUGH SERVICES.			
4. NAICS Code 813110 - Religious Organiza <input type="checkbox"/>					
6. Principal Office Address 200 MAIN STREET			City PAWTUCKET	State RI	Zip 02860
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name BISHOP AMOS FAGBAMIYE			Vice-President Name VEN. INNOCENT NWOGWUGWU		
Street Address 8350 DITCH ROAD			Street Address 227 BELMONT STREET, APT. 2		
City INDIANAPOLIS	State IN	Zip 46260	City BROCKTON	State MA	Zip 02301
Secretary Name BRIDGET AZONYE			Treasurer Name DOYINSOLA ADESOGAN		
Street Address 169 REYNOLDS AVENUE			Street Address 172 PINE STREET		
City PROVIDENCE	State RI	Zip 02905	City ATTLEBORO	State MA	Zip 02703
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 CYRIL UBIEM			Director Name OBY UBIEM		
Street Address 75 BITTERSWEET LANE			Street Address 75 BITTERSWEET LANE		
City RANDOLPH	State MA	Zip 02368	City RANDOLPH	State MA	Zip 02368
Director Name GLORIA NWOGWUGWU			Director Name		
Street Address 227 BELMONT STREET			Street Address		
City BROCKTON	State MA	Zip 02301	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 VEN. INNOCENT A. NWOGWUGWU				Date 6/24/17	
Signature of Officer/Authorized Representative					

FILED

JUN 28 2017

BY