Annual Report for the year:	2017				
Non-Profit Corporation  Filing period: June 1 - June 30	<del>*                                    </del>				
→ Filing Fee: \$20.00					
→ Penalty: Additional \$25.00 fee if	form is not filed by	July 30.			
1. Entity ID Number	2. Exact name of the Corporation				
001658736	THE HOLY TRINITY ANGLICAN CHURCH				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	TO WORSHIP GOD, PROCLAIM CHRIST'S LOVE AND TO TRANSFORM LIVES THROUGH				
4. NAICS Code	SERVICES.				
813110 - Religious Organiza					
6. Principal Office Address			City	State	Zip
200 MAIN STREET			PAWTUCKET	RI	02860
7. List ALL officers (names and add	iresses)		Check t	he box to indicate a	n attachment
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	<sup>Zip</sup> 46260	City BROCKTON	State MA	<sup>Zip</sup> 02301
Secretary Name BRIDGET AZONYE			Treasurer Name DOYINSOLA ADESOGAN		
Street Address 169 REYNOLDS AVENUE			Street Address 172 PINE STREET		
City PROVIDENCE	State RI	<sup>Zip</sup> 02905	City ATTLEBORO	State MA	Zip <b>02703</b>
8. List ALL directors (names and ac	ldresses). RI Corp	porations MUST		eck the box to indicat	e an attachment
Director Name CYRIL UBIEM			Director Name OBY UBIEM		
Street Address 75 BITTERSWEET LANE			Street Address 75 BITTERSWEET LANE		
City RANDOLPH	State MA	<sup>Zip</sup> <b>02368</b>	City RANDOLPH	State MA	<sup>Zip</sup> <b>02368</b>
Director Name GLORIA NWOGWUGWU			Director Name		
Street Address 227 BELMONT STREET			Street Address		
City BROCKTON	State MA	<sup>Zip</sup> 02301	City	State	Zip
9. Registered Agent in Rhode Island	d. This information i	s currently of record	I in the Department of State. Changes re	quire filing Form 641.	
Under penalty of perjury, I declar statements, and that all statemen	e <b>and affirm that</b> its contained he	l have examine rein are true and	d this report, including any accome	panying schedule	es and
This report must be signed by either the Presi				ative, Receiver or Truste	<del></del>
Name of Officer/Authorized Representative				Date	
VEN. INNOCENT A. NWOGWUGWU				16124	117
Signature of Officer/Authorized Repr	esentative	F	ILED they trit	, V	· · · · · · · · · · · · · · · · · · ·
MAIL TO:			2 8 2017		

State of Rhode Island and Providence Plantations

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

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

**Department of State - Business Services Division**