



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 000911165

**2. Name of Corporation** Grace Bible Ministries

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813110

**4. Corporate Address in Rhode Island**

No. and Street: 18 PECKHAM AVENUE

City or Town: NORTH PROVIDENCE

State: RI

Zip: 02908

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

THE PURPOSE OF THIS MINISTRY IS TO PRESENT THE FUNDAMENTALS OF THE CHRISTIAN FAITH THROUGH THE TEACHING OF BIBLE DOCTRINE AS FOUND IN THE HOLY SCRIPTURES.IT IS OUR MISSION TO PRESENT THE GOSPEL TO UNBELIEVERS AND TO HELP BELIEVERS GROW IN THE GRACE AND KNOWLEDGE OF OUR LORD JESUS CHRIST.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	THOMAS F. COTRONEO	18 PECKHAM AVE. NORTH PROVIDENCE, RI 02908 USA
TREASURER	STEPHEN P. COTRONEO	10 MAINELLA ST. NORTH PROVIDENCE, RI 02908 USA
SECRETARY	TERESSA M. ZAMPINI	6 CHAMBERLAIN ST. SMITHFIELD, RI 02917 USA
VICE PRESIDENT	STHEPEN P. COTRONEO	10 MAINELLA ST NORTH PROVIDENCE, RI 02908 USA
INCORPORATOR	THOMAS F. COTRONEO	18 PECKHAM AVE. NORTH PROVIDENCE, RI 02908 USA
DIRECTOR	THOMAS F. COTRONEO	18 PECKHAM AVE. NORTH PROVIDENCE, RI 02908 USA
DIRECTOR	STEPHEN P. COTRONEO	10 MAINELLA ST. NORTH PROVIDENCE, RI 02908 USA
DIRECTOR	TERESSA M. ZAMPINI	6 CHAMBERLAIN ST. SMITHFIELD, RI 02917 USA
DIRECTOR	JONATHAN L. ZAMBINI	6 CHAMBERLAIN ST SMITHFIELD, RI 02917 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

THOMAS F. COTRONEO 18 PECKHAM AVENUE NORTH PROVIDENCE , RI 02908

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

**Signed this 30 Day of June, 2017 at 4:46:49 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By THOMAS COTRONEO  
Signature of Authorized Person

Form No. 631  
Revised 09/07