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. 001663348

2. Name of Corporation Vanguard Christian Academy

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: 1 RYAN CT
City or Town: SMITHFIELD State: RI Zip: 02917 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 THE ORGANIZATION SHALL BE EXCLUSIVELY FOR CHARITABLE, RELIGIOUS AND EDUCATIONAL PURPOSES WITHIN THE MEANING OF THE SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 (OR THE CORRESPONDING PROVISION OF ANY FUTURE UNITED STATES OF AMERICA REVENUE LAW), INCLUDING, BUT NOT LIMITED TO, FOR SUCH PURPOSES; TO DISSEMINATE THE CHRISTIAN BIBLICAL MODEL THROUGH TRAINING, EDUCATION, PUBLICATION AND OTHER MEDIA FORMS. ESTABLISHING AND MAINTAINING OF RELIGIOUS WORSHIP

AND OPERATING OF CHURCHES, SCHOOLS, CHAPELS, DAY CARE CENTERS, CAMPS, AND ANY OTHER MINISTRIES THAT THE CORPORATION MAY BE LED OF GOD TO ESTABLISH. DEVELOP EXCELLENCE OF MINISTRY THROUGH CONFERENCES, SEMINARS, TRAINING AND CHRISTIAN SCHOOLS, AND OTHER METHODS. TO TEACH CHRISTIAN WORLDVIEW BY WAY OF CHRISTIAN EDUCATION, BOTH FORMAL AND INFORMAL, TO ALL AGES. MENTOR, COACH, AND DEVELOP STAFF AND OTHER LEADERS IN THE ACADEMY AND OF OTHER ORGANIZATIONS, FOR MINISTRIES BOTH INTERNAL AND EXTERNAL OF THE ORGANIZATION. TO BE A CHRISTIAN TO ESTABLISH THE GOD'S KINGDOM USING ALL METHODS OF COMMUNICATION, THROUGH VARIOUS TYPES OF SERVICES AND INTERACTIONS INCLUDING BUT NOT LIMITED TO: WORSHIP SERVICES, DELIVERANCE, PRAYER, HEALING, REVIVAL, TEACHING, EVANGELISM, PROPHECY. BAPTISM, COMMUNION, AND THE MINISTRY OF THE HOLY SPIRIT. PURCHASE PROPERTY, BUILD FACILITIES, AND FURNISH FOR ALL THE PURPOSES HEREIN. TO ACCEPT EXISTING CHRISTIAN ORGANIZATION'S INTO VANGUARD CHRISTIAN ACADEMY AFFILIATION. TO DEVELOP A MODEL OF ACADEMY LEADERSHIP AND WORSHIP PRACTICE BASED ON THE MODEL OF THE BIBLICAL ACADEMY. TO ESTABLISH AND PARTICIPATE IN A NETWORK AND AFFILIATION OF ACADEMY'S AND MINISTRIES FOR SPIRITUAL COVERING MENTORING, TRAINING AND FELLOWSHIP. TO PROVIDE CHRISTIAN COUNSELING FOR DOMESTIC AND PERSONAL APPLICATIONS. TO PROVIDE FOR RECONCILIATION MINISTRY WITH GOD AND MAN. TO PROVIDE FAMILY BUILDING RESOURCES. INTERCESSION AND OTHER PRAYER TYPES.

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	JOHN H MANOSH SR	1 RYAN CT SMITHFIELD, RI 02917 US
DIRECTOR	DAVID ANDRADE	145 OAK HILL AVE SEEKONK, MA 02771 US
DIRECTOR	JOHN H MANOSH SR	1 RYAN CT SMITHFIELD, RI 02917 US
DIRECTOR	SUE MCDONALD	22 RESERVOIR AVE REHOBOTH, MA 02769 US

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

JOHN MANOSH 1 RYAN COURT SMITHFIELD , RI 02917

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

Signed this 5 Day of July, 2017 at 4:47:37 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 JOHN MANOSH
Signature of Authorized Person

Form No. 631
Revised 09/07

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