



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 31052		2. Exact name of the Corporation Cranston Christian Fellowship			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CHURCH			
4. NAICS Code 813310					
6. Principal Office Address 1114 Scituate Ave			City Cranston	State RI	Zip 02921
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Vincent S. Podmaska			Vice-President Name		
Street Address 7 Factory Pond Circle			Street Address		
City Greenville	State RI	Zip 02828	City	State	Zip
Secretary Name Stephen Hutchins			Treasurer Name Colleen Elias		
Street Address 29 Rise-n-Sun Dr			Street Address PO BOX 7364		
City Hope	State RI	Zip 02831	City Cumberland	State RI	Zip 02864
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 Rick E. Moore			Director Name Justin Dowoit		
Street Address 775 Sandy Lane			Street Address 6 Francis St		
City Warwick	State RI	Zip 02889	City Coventry	State RI	Zip 02816
Director Name Andrew Mason			Director Name Robert G. Ford		
Street Address 182 Pond St			Street Address 170 Vancouver Ave		
City Cranston	State RI	Zip 02910	City Warwick	State RI	Zip 02886
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 VINCENT S. PODMASKA					Date 6/22/17
Signature of Officer/Authorized Representative <i>Vincent S. Podmaska</i>					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

AUG 31 2017
 JUN 26 2017
 BY 41084 14302 DS
 FORM 631 - Revised: 05/2017

BY _____