



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 <b>77112</b>		2. Exact name of the Corporation <b>Warwick Assembly of God</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Establishing &amp; maintaining a pace for the worship of God</b>			
4. NAICS Code <b>813110 - Religious Organiza</b>					
6. Principal Office Address <b>425 Sandy Lane (P.O. Box 7046)</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Matthew McIntosh</b>			Vice-President Name		
Street Address <b>41 Cedar Pond Drive #7</b>			Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City	State	Zip
Secretary Name <b>Debra Gaynor</b>			Treasurer Name		
Street Address <b>90 Hamilton Avenue</b>			Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Rick Russell</b>			Director Name <b>Bob Wise</b>		
Street Address <b>52 Revere Avenue</b>			Street Address <b>307 Sturbridge Road</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>Charlton</b>	State <b>MA</b>	Zip <b>01507</b>
Director Name <b>Richard Sfameni</b>			Director Name		
Street Address <b>321 Veazie Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	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.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, or any Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Debra Gaynor</b>					Date <b>9/11/17</b>
Signature of Officer/Authorized Representative <i>Debra Gaynor</i>					<b>SEP 15 2017</b>

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

BY 4-312573  
 1:57