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State of Rhode Island and Providence Plantations Fee: \$20 Office of the Secretary of State	0.00			
Division Of Business Services				
148 W. River Street Providence BL 02004 2615				
Providence RI 02904-2615 (401) 222-3040				
NOPE X Y				
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. 000522495				
2. Name of Corporation Chapel of the Holy Spirit				
3. State of Incorporation				
State: <u>RI</u>				
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 <u>click here.</u>				
NAICS Code 6				
<u>813110</u>				
4. Corporate Address in Rhode Island				
No. and Street: 155 DOUGLAS AVENUE				
City or Town:PROVIDENCEState: RIZip:02908Country: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 CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS AND				
EDUCATIONAL PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF				
DISTRIBUTIONS TO INCORPORATIONS THAT QUALIFY AS EXEMPT INCORPORATIONS				
<u>UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE</u> CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. THIS				
CORPORATION INTENDS TO CONSOLE, INTERCEDE, HELP, COMFORT, AND				
ADVOCATE EOD THE MADGINALIZED MEMBEDS OF SOCIETY BY BEING A CHILDCH				

AS A CHURCH WE GATHER TO PRAY, SHARE FELLOWSHIP, AND DO OUTREACH TO THE GREATER COMMUNITY. THE CHURCH ENCOURAGES ARTS AND CULTURE INALL FORMS. NO PART OF THE NET EARNINGS OF THE CORPORATION SHALL INURE TO THE BENEFIT OF, OR BE DISTRIBUTED TO ITS TRUSTEES, OFFICERS, OR OTHER PRIVATE PERSONS, EXCEPT THAT THE CORPORATION SHALL BE AUTHORIZED AND EMPOWERED TO PAY REASONABLE COMPENSATION FOR SERVICES RENDERED AND TO MAKE PAYMENTS AND DISTRIBUTIONS IN FURTHERANCE OF THE PURPOSES SET FORTH ABOVE. NO SUBSTANTIAL PART OF THE ACTIVITIES OF THE CORPORATION SHALL BE THE CARRYING ON OF PROPAGANDA, OR OTHERWISE ATTEMPTING TO INFLUENCE LEGISLATION, AND THE CORPORATION SHALL NOT PARTICIPATE IN, OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTION OF STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF OR IN OPPOSITION TO ANY CANDIDATE FOR PUBLIC OFFICE. NOTWITHSTANDING ANY OTHER PROVISION OF THESE ARTICLES, THIS CORPORATION SHALL NOT, EXCEPT TO AN INSUBSTANTIAL DEGREE, ENGAGE IN ANY ACTIVITIES OR EXERCISE ANY POWERS THAT ARE NOT IN FURTHERANCE OF THE PURPOSES OF THIS CORPORATION.

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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
DIRECTOR	STEVEN J. SILVA	421 BROAD STREET #3
		CUMBERLAND, RI 02864 USA
DIRECTOR	ROBERT JOHN IOVINO	565 QUAKER LANE #53
		WEST WARWICK, RI 02893 USA
DIRECTOR	JOHN P. REARDON	1333 SMITH STREET
		PROVIDENCE, RI 02908 USA
DIRECTOR JAKE	JAKE THIBAULT	20 WHIPPLE STREET
		PROVIDENCE, RI 02908 USA
DIRECTOR	JAMIE THIBAULT	20 WHIPPLE STREET
		PROVIDENCE, RI 02908 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

ROBERT IOVINO 565 QUAKER LANE, APT. 53 WEST WARWICK, RI 02893

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

Signed this 16 Day of October, 2017 at 12:54:20 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 <u>ROBERT JOHN IOVINO</u> Signature of Authorized Person Form No. 631 Revised 09/07

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