RI SOS Filing Number: 201753110570 Date: 11/8/2017 10:53:00 AM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
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.

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R.I. DEPT. OF STATE
BUS SVCS DIV
FOR SECRETARY OF STATE USE ONLY
2017 NOV -8 AM 10: 52

1. Entity ID Number	2. Exact name of the Corporation
001099551	TO GOD be the Glory
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Organized for charitable, religious, educational & scientific purposes, including the making of distributions that are tax exempt.
4. NAICS Code: 81311 0	

6. Principal Office Address	City	State	Zip
1221 MAIN STREET	WEST WARWICK	RI	02893

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: ROBERT RUSSO		Vice-President Name: John Micheletti	
Street Address: 77 LELAND AVENUE		Street Address: 32 MAPLE FARMS ROAD	
City: WARWICK	State: RI Zip: 02889	City: CRANSTON	State: RI Zip: 02921
Secretary Name: MARGO DETKEN		Treasurer Name	
Street Address: 1221 MAIN STREET		Street Address	
City: WEST WARWICK	State: RI Zip: 02893	City	State Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: ROBERT RUSSO		Director Name: John Micheletti	
Street Address: 77 LELAND AVENUE		Street Address: 32 MAPLE FARMS ROAD	
City: WARWICK	State: RI Zip: 02889	City: CRANSTON	State: RI Zip: 02921
Director Name: MARY JEAN RUSSO		Director Name: NANCY MICHELETTI	
Street Address: 77 LELAND AVENUE		Street Address: 32 MAPLE FARMS ROAD	
City: WARWICK	State: RI Zip: 02889	City: CRANSTON	State: RI Zip: 02921

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.

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

Name of Officer/Authorized Representative: ROBERT T. RUSSO
Date: 11/8/2017
Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE — Robert Russo

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BY 20200126

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

FORM 631 - Revised: 06/20