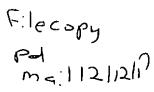


Revised: 04/2014

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 201

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	I	2. Exact name of the Corporation				
2992)	Tabema	Tabernacle Baptist Church				
3. State of Incorporation	4. Brief desc	cription of the characte	r of business conducted in Rhode	Island		
	Church	· '				
Rhode Island	224	111N				
5. Principal office address		Kara Land	City	State	Žip	
182 Seven Mile Road			Hope	RI	02831	
6. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FO				•		
President Name			Vice-President Name			
Michael Merceir			Natalie Neilson			
Street Address			Street Address			
182 Seven Mile Road			63 Cedar Street			
City	State	Zip	City	State	Zip	
Hope	RI	02831	Coventry	RI	02816	
Secretary Name			Treasurer Name			
Marian Elliott			Lisa Cortey Grudian			
Street Address			Street Address			
63 Cedar Street			74 Houston Drive			
City	State	Zip	City	State	Z ip	
Coventry	RI	02816	Warwick	RI	02886	
7. LIST <u>ALL</u> DIRECTORS ("X" BOX FOR ATTACH Director Name		DRESSES). RHODE IS	Director Name	LIST NO LESS THAN	THREE (3) DIRECTORS	
- · · - · · · · · · · · · · · · · · · ·				Lori Pimentel		
Martha Asermely Street Address			Street Address			
91 Jackson Flat Road			275 Main St			
City	State	Zip	City	State	Zip	
Норе	RI	02831	Fiskeville	RI	02823	
Director Name Steven Klein			Director Name			
Street Address			Street Address			
70 Hope Road			1			
City	State	Zip	City	State	Zip	
Hope* /	RI	02831	'		,	
B. REGISTERED AGENT I	N RHODE ISLAND	,\	** * * * * * **		-,l	
			ary of State. Changes require fil	ling Form 641		
			ecretary, Assistant Secretary, Trea.		Representative, Receiver	
r Trustee	•	•		•	•	
					m that I have examined	
File Date		ได้เลื่อน?	and that all statements		hedules and statement e true and correct.	
Check No		DEC 19 21	N	- ^	4014010047	
Ву:	 	. 1105	Signature at Office of	Ushodred Passacata	12/12/2017	
FOR SECRETARY OF S	TATE USE ONLY	11115	Signature of Onicer of A	fulthorized Representat	ive Date	
		•	Lori Pimentel			
Form No. 631			Print or Type Name of Officer or Authorized Representative			