RI SOS Filing Number: 201755354440 Date: 12/26/2017 1:47:00 PM

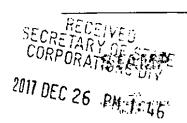


State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

## Annual Report for the year: **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	2. Exact name of the Corporation				
11.981.6	JANA 1	factions	Bastist Church		
3. State of Incorporation	5. Brief description	on of the characte	r of business conducted in Rhode  y ASSOCIATED With an  led Churchesof & I	Island doc membe	r of the
4. NAICS Code 8 3 1 1 0	America	n stap	<u>,                                      </u>		
6. Principal Office Address	. 4		City	State	Zip
1275 Climuro	Ave		Cranston	1/2	02920
7. List ALL officers (names and add	dresses)	<u> </u>		the box to indicat	e an attachment
President Name ,			Here Luc Condit		
Street Address 163 Truit Hill Ave			Street Address 75 Clemence St		
Ciny Providence	States	2ip 02-911	City Cranston	State	zip 2920
Secretary Name Solo ling	Louis		Treasurer Name	X0)-	
Strept Address Anit Hill Ave			Street Address 25 Clemen (e St		
n Providence	State	zip 2911	City Cranston	State	Zip 02920
8. List ALL directors (names and a	ddresses). Ri Cor		st at least THREE directors.	Check the box to ind	icate an attachment
Director Name	Dean	<u> </u>	Director Name	Codet	<u> </u>
Street Address 59 Grov- St # 2			Street Address  Clomon (e. S.)		
City West Koxbury	State M A	zip h2 132	City Cranston	State	zip 2 9 20
Director Name 5 0			Director Name		
Street Address / Louis 163 Fruit Hull Ave			Street Address		
ISIN ()	Starte	Zip 2911	City	State	Zip
9. Registered Agent in Rhode Islan	nd. This information		I in the Department of State. Changes	require filing Form	641.
Under penalty of perjury, I decla	re and affirm tha	nt I have examined	d this report, including any acc		
statements, and that all stateme This report must be signed by either the Pre				entative Pareiver or Ti	nizioo
Name of Officer/Authorized Repre		Secretary, Assistant Se	cretary, measurer, daily Additionized Repres	Date	
CPON MALQUEL COURS				10/3	36/2017
Signature of Officer/Authorized Representative SIGN DOCUMENT HEILED					
MAIL TO:			DEC 9.6 2017		

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov