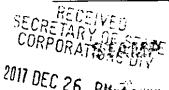


State of Rhode Island and Providence Plantations

## 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.

SECRETARY DESCRIPTION OF CORPORATIONS UNITS	
2017 DEC 26 PM 1:46	

- y r charge y demonal que les les les	•	•					
1, Entity ID Number	2. Exact name of	the Corporation			<del></del> -		
149846	First H	action	Bestirt Church				
3. State of Incorporation	5. Brief description	on of the character	of business conducted in Rhode ASSOCIATED With au Led Churchesof & J	Island	ofthe		
1 & I	- Persion	s society	1 15 Socialis with an	a ac manyer	, of 1, 10c		
4. NAICS Code	America	n sapi	the Churchbay & 3				
8/3/10							
6. Principal Office Address			City	State	Zip		
1275 Clinwood	Ave		Cranston	18	02920		
7. List ALL officers (names and add	iresses)			the box to indicate	an attachment		
President Name, Home V Louis			Hick-President Name  Luc Coodst				
Street Address 162 Truit Hill AVC			Street Address 75 Clemence St				
Cibr		Zip 02-911	City Change ton	State	z p 2920		
Secretary Name Edeline	Λ .	1 1/0-41	Treasurer Name	<u> </u>	<u> </u>		
Circuit Address of	Louis	<u></u> .	Ghislaine lac	Xe	<del></del>		
Street Address Truit Hill	Ave	T	75 Clemence S	<del>У</del>			
n. Providence	State	2102911	City Cransfor	State	Zip 02920		
8. List ALL directors (names and ac	ddresses), RI Corp	orations MUST lis	t at least THREE directors.	Check the box to indic	ate an attachment		
Director Name Delance	Dean		Dipector Name	Cordet			
Street Address 59 4hmx	St #2	-	Street Address  Schowence S	<b>}</b>			
City was Layhung	State M A	zip 122	city Crauston	State	zip 2 920		
Director Name Mixuel V	Donis		Director Name	<del>-</del>			
Street Address	1.0.0		Street Address	· · · · · · · · · · · · · · · · · · ·			
Street Address Fruid Hull	Staye	Zin	City	State	Zip		
n. Providence	人	Zip 2911	<u> </u>	<u> </u>			
9. Registered Agent in Rhode Islan							
Under penalty of perjury, I decla statements, and that all stateme				ompanying screed	uies and 		
This report must be signed by either the Pre	sident, Vice-President, S	Secretary, Assistant Se	cretary, Treasurer, duly Authorized Repres	entative, Receiver or Tru	stee.		
Name of Officer/Authorized Repres	sentative	<i>'</i>		Date	2012		
Signature of Officer/Authorized Rep		015		11000	1001		
SIGN DOCUMENT HEILED							
MAIL TO:		<del></del> -	DEC 98 2017		. <del></del>		

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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