State of Rhode Island and Department of Sta	d Providence Plan	tations	iulalan			
Annual Report for the year:	~) IS	(VISIOI)		% 13	Abilit
Non-Profit Corporation						,,,,,
→ Filing period: June 1 - June 30 → Filing Fee: \$20.00					•	
→ Penalty: Additional \$25.00 fee if			2918	SECR		
1. Entity ID Number	2. Exact name of	f the Corporation		<u></u>		
44239	Watch	1 Pray	Christian C	Chur	ch =	RATION
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island Operate a Christian Church, preaching analy					
RI	Lock	e a Chil	stan Churc	n, pres	cening	Mar.
4. NAICS Code	teaching the doctrine of sosus Christiand. Salvation for people, which include a races in					
357127 adults and Christian family						
6. Principal Office Address			City	s	tate	Zip
73 Hudson S.	Weet		Providence		17)
7. List ALL officers (names and addresses)			Troudence		v to indicate a	02909
President Name / / > /			Check the box to indicate an attachment Vice-President Name			
Street Address						
73 Hudso	n St	•	Street Address			
City Providence	State RI	Zip 02909	City	S	late	Zip
Secretary Name			Treasurer Name			<u> </u>
Street Address Tardy			Street Address V E Hardy			
153 Dover	<i>></i> /		Sileer Address	tan oa Bi	153 2	Dover St
City Providence	State	2ip 02908	City Provide	SILCO	tale	Zip
8. List ALL directors (names and ad	dresses). RI Corp		t at least THREE directors	S.	PC-L	02408
Director Name		<u> </u>	Director Name f		he box to Indicate	an attachment
Kerl Eva	Gambo	P	James	W. Se	henck	SR
Street Address	Ne St.		Street Address		, ,	0
City Opposed	State 1	Zip	City 0		ucket 1	veaue.
Director Name	16-1	829 05	Kiverside	2	2	02915
Mr. Phyllis	Brian A. Hardy SR					
Street Address 221 Whitfo	ord Ave		Street Address	wer G	1-00+	
City Providence	State RT	Zip 02908	City Pronde	S	treet	Zip
9. Registered Agent in Rhode Island	d. This information i	s currently of record	in the Department of State (Changes require	a filing Form 644	32908
Under penalty of perjury, I declar statements, and that all statemen	e and affirm that	I have examined	this report including a	ny accompan	ying schedule	s and
This report must be signed by either the Pres	ident Vice-President !	Secretary Assistant Sec	correct.	4.0	<u> </u>	
Name of Officer/Authorized Repres	entative		uratory, treasurer, only Adminize		Receiver or Trustee	•.
Jessie L	· Dudle	14	FILE		May 17	,2018
Signature of Officer/Authorized Representative Sign DOCUMENT HERE Sign DOCUMENT HERE						
MAIL TO:	5			·)/))	
Division of Business Services 148 W. River Street, Providence, Rhode	Island 02904-2615		BY	0,0	, •	
Phone: (401) 222-3040						

Website: www.sos.ri.gov

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