



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

Annual Report for the year: 2018

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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CORPORATIONS DIV

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1. Entity ID Number <u>5296663</u>		2. Exact name of the Corporation <u>Christ Saves Ministries</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>We are an outreach ministry both in the U.S. and overseas; sharing the love of Christ to those in need.</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>25 Woodlawn Drive</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02920</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Scott R. Grande</u>		Vice-President Name <u>Michael Pavia</u>	
Street Address <u>53 Ash St.</u>		Street Address <u>58 Lake St.</u>	
City <u>Rehoboth</u>	State <u>MA.</u>	City <u>Rehoboth</u>	State <u>MA</u>
Zip <u>02769</u>		Zip <u>02769</u>	
Secretary Name <u>Cheryl Grande</u>		Treasurer Name	
Street Address <u>318 Grand Ave.</u>		Street Address	
City <u>Pawtucket</u>	State <u>R.I.</u>	City	State
Zip <u>02861</u>		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Michael Pavia</u>		Director Name <u>Richard Grande</u>	
Street Address <u>58 Lake St.</u>		Street Address <u>25 Woodlawn Drive</u>	
City <u>Rehoboth</u>	State <u>MA</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02769</u>		Zip <u>02920</u>	
Director Name <u>H. James Merchant</u>		Director Name	
Street Address <u>5 Lafayette St.</u>		Street Address	
City <u>Fairhaven</u>	State <u>MA</u>	City	State
Zip <u>02719</u>		Zip	
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 <u>Scott R. Grande</u>			Date <u>6-11-18</u>
Signature of Officer/Authorized Representative <u>Scott R. Grande</u>			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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