RI SOS Filing Number: 201869901150 Date: 6/18/2018 4:00:00 PM

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 JUN 18 PM 12:45 STAMP

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.

Assembly

1. Entity ID Number	2. Exact name of the Corporation
791794	Holy Cross C.O.G.I.C. Independent Christian Counseling Assembly
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Faith-based, Educational, Outreach, Community Service, Counseling, humanitarian Service.
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
83 Summer St.	Woonsocket	RI	02895

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Reverend Cynthia M. Farrow	
Street Address: 83 Summer St.	Street Address: N/A
City: Woonsocket State: RI Zip: 02895	City: State: Zip:
Secretary Name: Debra Hollins	Treasurer Name
Street Address: 31 Bullocks St.	Street Address
City: Riverside State: RI Zip: 02915	City: State: Zip:

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Christina Hazard	Director Name: Christopher Hollins
Street Address: 315 Park Ave	Street Address: 83 Summer St.
City: Cranston State: RI Zip: 02905	City: Woonsocket State: RI Zip: 02895
Director Name: Debra Hollins	Director Name
Street Address: 31 Bullocks St.	Street Address: N/A
City: Cranston State: RI Zip: 02915	City: State: 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	Date
Reverend Cynthia Farrow **FILED**	6/18/2018
Signature of Officer/Authorized Representative: Cynthia Farrow SIGN DOCUMENT HERE JUN 18 2018	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY 332921
A.A.

FORM 631 - Revised: 11/2017