



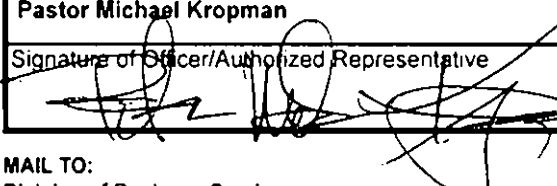
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

570

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.

1. Entity ID Number 60558		2. Exact name of the Corporation Church of the Acts			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Ministering the gospel of Jesus Christ in the community, hospitals, prisons and institutions, at home and abroad			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 116 Railroad Ave		City Harrisville	State RI	Zip 02830	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Pastor Mike Kropman		Vice-President Name Daniel Masse			
Street Address 116 Railroad Ave		Street Address 110 Grove Rd			
City Harrisville	State RI	Zip 02830	City Pascoag	State RI	Zip 02859
Secretary Name Cheryl Lamoureux		Treasurer Name Michael Kropman			
Street Address 225 Hill Rd		Street Address 116 Railroad Ave			
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
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 Pastor Michael Kropman		Director Name Daniel Masse			
Street Address 116 Railroad Ave		Street Address 110 Grove Rd			
City Harrisville	State RI	Zip 02830	City Pascoag	State RI	Zip 02859
Director Name Carol Masse		Director Name Linda Kropman			
Street Address 110 Grove Rd		Street Address 116 Railroad Ave			
City Pascoag	State RI	Zip 02908	City Harrisville	State RI	Zip 02830
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Pastor Michael Kropman				Date 6-15-18	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

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

FILED

JUN 18 2018

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