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

RECEIVED SECRETARY OF STATE CORPORATIONS DIV 2018 JUN 21 AM 11:41

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: 502782	2. Exact name of the Corporation: Unity Chapel
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: A church that trains and Equips men and women for Christian Services.
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
16 Garsett Ave.	Cranston	RI	02920

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

President Name / Founder: Rev. George S. Farley Sr.			Vice-President Name / Co-Founder: Min. McRinna W. Farley		
Street Address: 74 portland Street			Street Address: 74 portland Street		
City: providence	State: RI	Zip: 02907	City: providence	State: RI	Zip: 02907
Secretary Name: Cynthia B. Stewart			Treasurer Name: Eleanor Beaie		
Street Address: 2 Elmira Ave.			Street Address: 37 Cecil Street		
City: North providence	State: RI	Zip: 02904	City: providence	State: RI	Zip: 02909

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

Director Name: Rev. George S. Farley Sr.			Director Name: Min. McRinna W. Farley		
Street Address: 74 portland Street			Street Address: 74 portland Street		
City: providence	State: RI	Zip: 02907	City: Providence	State: RI	Zip: 02907
Director Name: Cynthia B. Stewart			Director Name: Eleanor Beaie		
Street Address: 2 Elmira Ave.			Street Address: 37 Cecil Street		
City: North providence	State: RI	Zip: 02904	City: providence	State: RI	Zip: 02909

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: Rev. George S. Farley	Date: 6/21/18
Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE	**FILED**

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

JUN 21 2018
BY 333208

FORM 631 - Revised: 11/2017