



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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SECRETARY OF STATE
CORPORATIONS DIV

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1. Entity ID Number <u>000028816</u>		2. Exact name of the Corporation <u>Christ Temple Inc.</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Religious</u>			
4. NAICS Code <u>813110</u>					
6. Principal Office Address <u>37 Marlborough Ave</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02907</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Rev. Philip D. Ferrara</u>			Vice-President Name <u>Dea. Phillip Copper</u>		
Street Address <u>37 Marlborough Ave</u>			Street Address <u>571 Manton Ave</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>
Secretary Name <u>Sonni Ives</u>			Treasurer Name <u>Dea. David Applegate</u>		
Street Address <u>148 1/2 Linwood Ave</u>			Street Address <u>22 Hemlock Ave</u>		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>
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>Rev. Philip Ferrara</u>			Director Name <u>Sonni Ives</u>		
Street Address <u>37 Marlborough Ave</u>			Street Address <u>148 1/2 Linwood Ave</u>		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>PROV</u>	State <u>RI</u>	Zip <u>02907</u>
Director Name <u>Dea. David Applegate</u>			Director Name		
Street Address <u>22 Hemlock Ave</u>			Street Address		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	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 <u>Rev. Philip D. Ferrara</u>					Date <u>6/25/18</u>
Signature of Officer/Authorized Representative <u>Rev. Philip D. Ferrara</u>					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

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