



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.

FILED

JUN 25 2018

BY *[Signature]*

1. Entity ID Number 000028222		2. Exact name of the Corporation THE NEW HBC WORSHIP CENTER			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island PROVIDE RELIGIOUS SERVICES TO THE COMMUNITY			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 229 MAPLE AVENUE		City NEWPORT	State RI	Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RICHARD C. SPENCER, SR.			Vice-President Name JAMES W. PALMER, JR.		
Street Address 101 NIAGARA ST., APT., B			Street Address 3 BOULEVARD		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Secretary Name NONE			Treasurer Name AVA CROMWELL		
Street Address NONE			Street Address 22 ROSA TERRACE		
City NONE	State NONE	Zip NONE	City NEWPORT	State RI	Zip 02840
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 RICHARD C. SPENCER, SR.			Director Name JAMES W. PALMER, JR.		
Street Address 101 NIAGARA ST. APT., B			Street Address 3 BOULEVARD		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Director Name AVA CROMWELL			Director Name CONTESSA J. SPENCER		
Street Address 22 ROSA TERRACE			Street Address 101 NIAGARA ST., APT. B		
City NEWPORT	State RI	Zip 02840	City MIDDLETOWN	State RI	Zip 02842
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative RICHARD C. SPENCER, SR.				Date 20 Jun 18	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

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