RI SOS Filing Number: 201870874180 Date: 6/28/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: **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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Trenaity Additional \$25.00 fee in form is not filled by July 30.		<u> </u>		
1. Entity ID Number 2. Exact name of the Corporation HEAVEN G	TE CHAPEL			
3. State of Incorporation  5. Brief description of the character  CHRISTIAN FE	of business conducted in Rhode Isl	RIABIT	7	
813110 ELURA 7/0x A	AND HEALIH I	PURPOST	<i>د</i>	
6. Principal Office Address — 595 WILLETT AVEXUE # 10	RIVERSILE	State Zip	1915	
7. List ALL officers (names and addresses)	Che	k the box to indicate an	attachment 🔲	
REN EHARLES FIFT ACQUAL	Vice-President Name OR MF	· KPANGEL	3A/	
5 15 WILLETT AVENUE #10	54 STINELAW A	HENUE		
City RIVERSIAT State RI Zip 12915	CITPROVISENCE	State QI Zip	01908	
SECRIST NAME ELMA MURRAY	Treasurer Name AINENS	C-WRIG	#1	
12505 E. WILLIAMS FIFLD PLANT	Street Address GLDVE S	IREEI		
City GILBERT State AZ Zip 85295	CityLWCOLN	State RI Zig	N2865	
8. List ALL directors (names and addresses). RI Corporations MUST list		ck the box to indicate an	attachment	
DESCHARES FIFLAZOVAH	Arector Name A-102 M-7	· KPANGI	BAI	
Street Address WILLETT AVENUE #10	Street Address TWELAW	AVENUE	-	
CITY RIVERSIDE STATE 210 02915	CITYPROVISENCE	State	02908	
SIS. NAFFEE SATU MASSADUOI	SIS - MAIDENS	C-WRIG	#-T	
Street Address GROVE SIREET	Street Address GRIVE -	STREET		
LINCULN KL 10'LBQ5	CITYLINCOLN	State A.I. Zin	01865	
9. Registered Agent in Rhode Island. This information is currently of record in		-	nd	
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 Name of Officer/Authorized Representative	etary. Treasurer, duty Authonzed Representat	Date		
REV. CHARLES FIFT ACQUAH	. ED	JUNE, 2817	f 2018	
Signature of Office!/Authorized Bartesentaive SIGN DOCUMENT HERE SIGNB OCHUMENT HERE				
MAIL TO: Division of Business Services	mp 1 20	(5)		
148 W River Street, Providence, Rhode Island 02904-2615  Phone: (401) 222-3040	1	\		
Website: www.sos.ri.gov	BY	FORM 631 - R	evised: 11/2017	