



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 29 2018

BY 2421

1. Entity ID Number 530578		2. Exact name of the Corporation COMMUNITY CHURCH OF GOD			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island RELIGIOUS			
4. NAICS Code 813110 - Religious Organizations					
6. Principal Office Address P.O. Box 345			City Wakefield	State RI	Zip 02880
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LoriBeth Taylor			Vice-President Name Edwin Taylor		
Street Address 502 Stony Fort Road			Street Address 502 Stony Fort Road		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Valerie Morgan			Treasurer Name Edwin Taylor		
Street Address 36 New Lexington Road			Street Address 502 Stony Fort Road		
City North Kingstown	State RI	Zip 02852	City Saunderstown	State RI	Zip 02874
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 Deacon Wayne Sampson			Director Name		
Street Address 25 Orchard Street			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Director Name Deaconess Birdie Williams			Director Name		
Street Address 72 Rodman Street			Street Address		
City Narragansett	State RI	Zip 02882	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.					
<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 Edwin A. Taylor, III				Date 6/26/18	
Signature of Officer/Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov