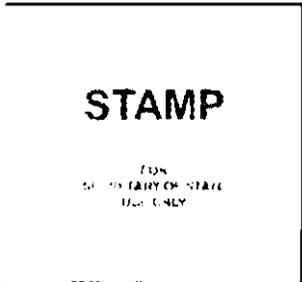




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



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.

1. Entity ID Number 105201		2. Exact name of the Corporation GABRIEL'S TRUMPET CHRISTIAN BOOK STORE, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island CHRISTIAN STORE FOR BOOKS, VIDEOS, GIFTS AND OTHER CHRISTIAN ORIENTED ITEMS			
4. NAICS Code 813110 - Religious Organiza					
6. Principal Office Address 477 WASHINGTON STREET			City COVENTRY	State RI	Zip 02816
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name FATHER MICHAEL KELLEY			Vice-President Name FATHER THOMAS WOODHOUSE		
Street Address ST. AGATH'S RECTORY, 34 JOFFRE STREET			Street Address ST. PATRICK'S, 301 BROAD STREET		
City WOONSOCKET	State RI	Zip 02895	City CUMBERLAND	State RI	Zip 02864
Secretary Name ARTHUR G. CAPALDI			Treasurer Name GREGORY LABOISSONNIERE		
Street Address 1035 MAIN STREET			Street Address 131 COLVINTOWN ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name FATHER MICHAEL KELLEY			Director Name FATHER THOMAS WOODHOUSE		
Street Address ST. AGATHA'S RECTORY, 34 JOFFRE STREET			Street Address ST. PATRICK'S, 301 BROAD STREET		
City WOONSOCKET	State RI	Zip 02895	City COMBERLAND	State RI	Zip 02864
Director Name ARTHUR G. CAPALDI			Director Name GREGORY LABOISSONNIERE		
Street Address 1035 MAIN STREET			Street Address 131 COLVINTOWN ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
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 FATHER MICHAEL KELLEY					Date 6-27-18
Signature of Officer/Authorized Representative <i>Father Michael A. Kelley</i> 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

JUL 02 2018
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