RI SOS Filing Number: 201872587600 Date: 7/19/2018 4:00:00 PM

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	2. Exact name of the Corporation
000026640	Apponaug Pentecostal Church
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Religious
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
75 Prospect St.	Warwick	RI	02886

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
THOMAS JOHNSTON	ROBERT LYTLE
Street Address: 26 STANDARD AVE.	Street Address: 53 JEANNETTE CT.
City: W. WARWICK State: RI Zip: 02893	City: EXETER State: RI Zip: 02822
Secretary Name	**Treasurer Name**
LAURENCE DENOFIO	DONALD WIGGINS
Street Address: 107 MAWNEY ST.	Street Address: 45 OAKDALE ST.
City: E. GREENWICH State: RI Zip: 02818	City: WARWICK State: RI Zip: 02888

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
PAUL GAY	LOVERIDGE AMOAKO
Street Address: 101 WHEELER AVE.	Street Address: 402 WEBSTER AVE.
City: CRANSTON State: RI Zip: 02905	City: CRANSTON State: RI Zip: 02920
Director Name: LAWRENCE DENOFIO	Director Name
Street Address: 107 MAWNEY ST.	Street Address
City: E. GREENWICH State: RI Zip: 02818	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: DONALD WIGGINS, TREASURER — Date: 7/12/18

Signature of Officer/Authorized Representative: X Donald W. — SIGN DOCUMENT HERE

FILED

JUL 19 2018

BY 10187 DS

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

FORM 631 - Revised: 11/2017