



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

Annual Report for the year: 2017  
 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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 SECRETARY OF STATE  
 CORPORATIONS DIV

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1. Entity ID Number <b>76589</b>		2. Exact name of the Corporation <b>Grace Chapel Assembly of God</b>	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Non Profit Christian Church</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>130 Roger Williams Ave</b>		City <b>Rumford</b>	State <b>R.I.</b>
		Zip <b>02916</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Kevin O'Connor</b>		Vice-President Name <b>Diane O'Connor</b>	
Street Address <b>4 Denise Dr</b>		Street Address <b>4 Denise Dr.</b>	
City <b>Carolina</b>	State <b>R.I.</b>	Zip <b>02812</b>	City <b>Carolina</b>
			State <b>R.I.</b>
			Zip <b>02812</b>
Secretary Name <b>Nancy Turcotte</b>		Treasurer Name <b>Diane O'Connor</b>	
Street Address <b>45 High View Dr</b>		Street Address <b>4 Denise Dr.</b>	
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Carolina</b>
			State <b>RI.</b>
			Zip <b>02812</b>
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Rexanne Williams</b>		Director Name <b>Jacob Austin</b>	
Street Address <b>70 Wood Cove Dr.</b>		Street Address <b>45 High View Dr.</b>	
City <b>Coventry</b>	State <b>R.I.</b>	Zip <b>02816</b>	City <b>Cranston</b>
			State <b>R.I.</b>
			Zip <b>02921</b>
Director Name <b>Nancy Turcotte</b>		Director Name <b>Ethan Cady</b>	
Street Address <b>45 High View Dr</b>		Street Address <b>94 Circuit Drive</b>	
City <b>Cranston</b>	State <b>R.I.</b>	Zip <b>02921</b>	City <b>Riverside</b>
			State <b>RI</b>
			Zip <b>02915</b>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>Diane O'Connor</b>			Date <b>8-31-18</b>
Signature of Officer/Authorized Representative <i>Diane O'Connor</i>			

SIGN DOCUMENT HERE **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

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