



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

Annual Report for the year: 2016

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
2018 AUG 31 AM 9:49

1. Entity ID Number 76589		2. Exact name of the Corporation Grace Chapel Assemble of God	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Non Profit Christian Church	
4. NAICS Code 813110			
6. Principal Office Address 130 Roger Williams Ave.		City Rumford	State RI
		Zip 02916	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Kevin O'Connor		Vice-President Name Diane O'Connor	
Street Address 4 Denise Dr.		Street Address 4 Denise Dr.	
City Caroline	State RI	City Caroline	State RI
Zip 02812		Zip 02812	
Secretary Name Nancy Turcotte		Treasurer Name Diane O'Connor	
Street Address 45 High View Dr.		Street Address 4 Denise Dr	
City Cranston	State RI	City Caroline	State RI
Zip 02921		Zip 02812	
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 Roxanne Williams		Director Name Jacob Austin	
Street Address 70 WOOD COVE DR		Street Address 45 High View Dr.	
City COVENTRY	State RI	City Cranston	State RI
Zip 02816		Zip 02921	
Director Name Nancy Turcotte		Director Name Ethan Cady	
Street Address 45 High View Dr.		Street Address 94 Circuit Drive	
City Cranston	State RI	City River side	State RI
Zip 02921		Zip 02915	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative Diane O'Connor			Date 8-10-2017
Signature of Officer/Authorized Representative Diane O'Connor 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

AUG 31 2018
BY **H5QNX**
A.A. 9:51 A.M.