



RI SOS Filing Number: 201876371980
State of Rhode Island and Providence Plantations

Date: 8/31/2018 9:50:00 AM

Department of State - Business Services Division

Annual Report for the year:

2015

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 716589		2. Exact name of the Corporation Grace Chapel Assembly 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 R.I.
		Zip 02916	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Kevin O'Connor		Vice-President Name Diane O'Connor	
Street Address 4 Denise Dr		Street Address 4 Denise Dr	
City Carolina	State R.I.	City Carolina	State R.I.
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 Carolina	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 ☐			
Director Name Roxanne Williams		Director Name Jacob Austin	
Street Address 70 Wood Cove Dr		Street Address 45 High View Dr	
City Coventry	State R.I.	City Cranston	State R.I.
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 R.I.	City Riverside	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.			
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 Diane O'Connor			Date 8-31-18
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

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BY HSGWIX
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FORM 631 - Revised: 06/2017