



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

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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STATE
CORPORATION DIVISION
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1. Entity ID Number 792070		2. Exact name of the Corporation Journey through Faith	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Christian Community Center	
4. NAICS Code 813110			
6. Principal Office Address 31 Capital Street 3rd Floor		City Pawtucket	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Taylor J Britto		Vice-President Name Kenneth Milton Mallette Jr.	
Street Address 282 Samuel Gorton Avenue		Street Address 168 River ST.	
City Warwick	State RI	City Warwick	State RI
Zip 02889		Zip 02889	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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 Jessica L Britto		Director Name John Gibson	
Street Address 282 Samuel Gorton Avenue		Street Address 180 Sunny Brook Dr.	
City Warwick	State RI	City North Kingstown	State RI
Zip 02889		Zip 02852	
Director Name Dean Isabella		Director Name Tannica Cernillo	
Street Address 14 Westmoreland ST		Street Address 97 Wesleyan Ave	
City Narragansett	State RI	City Warwick	State RI
Zip 02882		Zip 02886	
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 Taylor J Britto		Date 2/20/2019	
Signature of Officer/Authorized Representative 			

SIGNATURE HERE

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 **KL 34V9X**