RI SOS Filing Number: 201994649570 Date: 5/29/2019 7:31:00 PM



State of Rhode Island and Providence Plantations Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

- **1. Corporate ID No.** 000033913
- 2. Name of Corporation Trinity Assembly of God, Inc.
- 3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.

NAICS Code

6

Fee: \$20.00

813110

4. Corporate Address in Rhode Island

No. and Street: 2119 HARTFORD AVENUE

City or Town: $\underline{\text{JOHNSTON}}$ State: RI Zip: $\underline{02919}$ Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

RELIGIOUS/CHURCH

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.

| Title | Individual Name | Address |
|-----------|-----------------------------|---|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| TREASURER | MICHAEL J. SUSI MR. | 284 BORDEN AVE. JOHNSTON, RI 02919 USA |
| SECRETARY | JUSTIN HARRY LUONGO | 1421 DOUGLAS AVE. N. PROV., RI 02904 USA |
| PRESIDENT | THOMAS FAVA | 2119 HARTFORD AVENUE JOHNSTON, RI 02919 USA |
| DIRECTOR | RICHARD C. SHEETS MR. | 37 BUCHANAN STREET JOHNSTON, RI 02919 USA |
| DIRECTOR | TIMOTHY ANTHONY FAVA | 94 WOODWARD ST. DANIELSON, CT 06329 USA |
| DIRECTOR | LUIS MARRERO | 42 BRIGHTRIDGE AVE. EAST PROV., RI 02914 USA |
| DIRECTOR | ALBERT DECUBELLIS MR. | 215 PHEASANT DRIVE CRANSTON, RI 02920 USA |

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

BRUCE R. CHADWICK 2119 HARTFORD AVENUE JOHNSTON, RI 02919

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 29 Day of May, 2019 at 7:35:00 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By MICHAEL SUSI

Signature of Authorized Person

Form No. 631 Revised 09/07

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