



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

Annual Report for the year:
Non-Profit Corporation

2019

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

2019 JUN -4 PM 2:31

1. Entity ID Number 704034		2. Exact name of the Corporation CHRISTIAN OUTREACH MINISTRY			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island GOSPEL MINISTRY			
4. NAICS Code 813110					
6. Principal Office Address P.O. BOX 147		City NORTH KINGSTOWN		State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name J. ANN ALDAVESE			Vice-President Name CAROL GRAZIANO		
Street Address P.O. BOX 147			Street Address 250 BENEFIT STREET		
City NORTH KINGSTOWN	State RI	Zip 02852	City PROVIDENCE	State RI	Zip 02903
Secretary Name LETRA LAURIE			Treasurer Name		
Street Address 71 MAIN STREET			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	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 CAROL GRAZIANO			Director Name J. ANN ALDAVESE		
Street Address 250 BENEFIT STREET			Street Address P.O. BOX 147		
City PROVIDENCE	State RI	Zip 02903	City NORTH KINGSTOWN	State RI	Zip 02852
Director Name JAY R. KATZWELSON Esq.			Director Name		
Street Address 23 ADEW STREET			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
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.					
<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 J. ANN ALDAVESE					Date JUNE 4, 2019
Signature of Officer/Authorized Representative 					

FILED

JUN 04 2019

BY NP4NC