

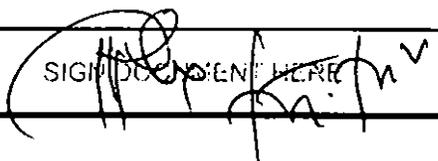


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
 Non-Profit Corporation

FILED
 JUN 20 2019
 280

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

1. Entity ID Number 001658736		2. Exact name of the Corporation HOLY TRINITY ANGLICAN CHURCH			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO WORSHIP GOD, PROCLAIM CHRIST'S LOVE AND TO TRANSFORM LIVES THROUGH SERVICES.			
4. NAICS Code 813110					
6. Principal Office Address 73 UNION AVENUE			City PROVIDENCE	State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BISHOP AMOS FAGBAMIYE			Vice-President Name VEN. INNOCENT NWOGWUGWU		
Street Address 8350 DITCH ROAD			Street Address 339 SAYLES AVENUE		
City INDIANAPOLIS	State IN	Zip 46260	City PAWTUCKET	State RI	Zip 02860
Secretary Name IKECHUKWU MICHAEL			Treasurer Name MRS. AJIKE ILORI		
Street Address 339 SAYLES AVE			Street Address 1029 WESTMINSTER STR.		
City PAWTUCKET	State RI	Zip 02860	City PROVIDENCE	State RI	Zip 02903
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 CYRIL UBIEM			Director Name OBY UBIEM		
Street Address 75 BITTERSWEET LN			Street Address 75 BITTERSWEET LN		
City RANDOLPH	State MA	Zip 02368	City RANDOLPH	State MA	Zip 02368
Director Name GLORIA NWOGWUGWU			Director Name		
Street Address 339 SAYLES AVE			Street Address		
City PAWTUCKET	State RI	Zip 02860	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 VEN. INNOCENT NWOGWUGWU				Date 06/17/2019	
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov