RI SOS Filing Number: 201900011170 Date: 6/27/2019 4:00:00 PM

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

Annual Report for the year: 2019
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.

FILED
JUN 27 2019
BY DS

1. Entity ID Number	2. Exact name of the Corporation
849347	Christ Fellowship Church
3. State of Incorporation: R.I.	5. Brief description of the character of business conducted in Rhode Island: To operate as a nondemonal national Christian church for Relisious chartable and educational purposes related to the congreetion operation.
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
P.O. BOX 41230	Providence	R.I.	02940

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Lawrence Reid			Vice-President Name: Barbara G. Bryant		
Street Address: 36 Crocus Street			Street Address: 40 Wellington Street		
City: Warwick	State: RI	Zip: 02886	City: E. Providence	State: RI	Zip: 02914
Secretary Name: Nellie Jones			Treasurer Name: Deborah A. Wilkinson		
Street Address: 85 Carolina Ave			Street Address: 131 Auston st		
City: Prov.	State: R.I	Zip: 02905	City: Providence	State: R.I	Zip: 02908

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name: OLESSIA DANIELS			Director Name: Carla Fields		
Street Address: 15 MORTON STREET			Street Address: 40 Wellington St		
City: PROVIDENCE	State: RI	Zip: 02905	City: EAST PROV	State: RI	Zip: 02914
Director Name: Shannon Perry			Director Name: Kimberly Fields		
Street Address: 96 Middle St. Apt #1			Street Address: 159 Bridgham st APT A-8		
City: Pawtucket	State: RI	Zip: 02860	City: PROV	State: RI	Zip: 02907

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	Date
Lawrence Reid	6-24-19

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

FORM 631 - Revised: 03/2019