



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.

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SECRETARY OF STATE
CORPORATIONS DIV

2019 JUN 28 AM 11:51

1. Entity ID Number 93408		2. Exact name of the Corporation NEW BEGINNINGS CHRISTIAN Fellowship	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island RELIGIOUS ORGANIZATION (813110)	
5. Principal Office Address 60 NASSAU ST.		City PAWTUCKET	State RI
		Zip 02860	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name REV. ROBERT J. FUSCO		Vice-President Name TOMMY TYRRELL	
Street Address 60 NASSAU		Street Address 177 DEXTER ST	
City PAWTUCKET	State RI	City CUMBERLAND	State RI
Zip 02860		Zip 02864	
Secretary Name MARIE J. FUSCO		Treasurer Name MARIE J. FUSCO	
Street Address 60 NASSAU ST		Street Address 60 NASSAU ST	
City PAWTUCKET	State RI	City PAWTUCKET	State RI
Zip 02860		Zip 02860	
7. 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 REV. ROBERT J. FUSCO		Director Name TOMMY TYRRELL	
Street Address 60 NASSAU ST		Street Address 177 DEXTER ST	
City PAWTUCKET	State RI	City CUMBERLAND	State RI
Zip 02860		Zip 02864	
Director Name MARIE J. FUSCO		Director Name	
Street Address 60 NASSAU ST		Street Address	
City PAWTUCKET	State RI	City	State
Zip 02860		Zip	
8. 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 REV. ROBERT J. FUSCO		Date 6	
Signature of Officer/Authorized Representative <i>Rev Robert J Fusco</i>		SIGN DOCUMENT HERE	

FILED

JUN 28 2019

BY

118

FORM 631 - Revised: 05/2016

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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