



RI SOS Filing Number: 201906775120 Date: 7/22/2019 11:49:00 AM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

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.

1. Entity ID Number 001675752		2. Exact name of the Corporation Grace Covenant Church	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island We are a church that meets every Sunday to worship God the Father, God the Son, Jesus Christ and God the Holy Spirit: One God.	
4. NAICS Code 813110			
6. Principal Office Address 2108 East Main Rd		City Portsmouth	State RI
		Zip 02877	
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name Stephen C. Bailey		Vice-President Name	
Street Address 2108 East Main Rd		Street Address	
City Portsmouth	State RI	City	State
Zip 02877		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors <input type="checkbox"/> Check the box to indicate an attachment			
Director Name Zachary Maykey		Director Name Stephen C. Bailey	
Street Address 91 Main St #275		Street Address 2108 East Main Rd	
City Warren	State RI	City Portsmouth	State RI
Zip 02885		Zip 02877	
Director Name Diane E. Brown		Director Name	
Street Address 68 Newport Ave.		Street Address	
City Middletown	State RI	City	State
Zip 02842		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.			
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 Stephen C. Bailey		Date 7.15.19	
Signature of Officer/Authorized Representative <i>[Signature]</i>			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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JUL 22 2019

FORM 631 - Revised: 06/2019

BY *[Signature]* 06325