



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.

2019
ck no. 100

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 <i>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.</i>			
4. NAICS Code 813110		6. Principal Office Address 2108 East Main Rd		City Portsmouth	State RI
7. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>			
President Name Stephen C. Bailey		Vice-President Name			
Street Address 2108 East Main Rd		Street Address			
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	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 Zachary Maveley		Director Name Stephen C. Bailey			
Street Address 91 Main St #275		Street Address 2108 East Main Rd			
City Warren	State RI	Zip 02885	City Portsmouth	State RI	Zip 02871
Director Name Diane E. Brown		Director Name			
Street Address 68 Newport Ave.		Street Address			
City Middletown	State RI	Zip 02842	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 Stephen C. Bailey				Date 7.15.19	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

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

FILED 11:49
JUL 22 2019
 BY JB 06325

FORM 631 - Revised: 06/2019