RI SOS Filing Number: 201908593380 Date: 7/30/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019 JUL 30 PM 3: 28

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	2. Exact name of the Corporation							
00/684527	HERMONY Christian Church							
3. State of Incorporation	orporation 5. Brief description of the character of business conducted in Rhode Island							
Rhode Island	$\cdots I$							
4. NAICS Code 213//0	Check wolship							
6. Principal Office Address		Horrisver	City	2	State	Zip		
595 Sherma	n tarm &	Herrisull	L.	RI	92830			
7. List ALL officers (names and add	Check the box to indicate an attachment							
President Name Kev. WILLIAM HOLLOY			Vice-President Name Car Ring					
Street Address Sterman Farm Rood			Street Address 907 Ranou are					
city Hervi sulle	State	25 C 3 C 2 C	City Bronx	• •	State	zi90469		
Secretary Name + 1600 Howly			Treasurer Name					
Street Address Sharmay Farm Rl			Street Address					
City HIVISULLE	State	Zip OF C	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								
Director Name William Howly			Director Name LO Houly					
Street Address Sterman	Farm K	ood	Street Address SLo	Ман	Foru 1	2d		
City Harvisulle	State	ZipOde30	City Harnsulle		State	Zip 830		
Michael Colbin	<u>-</u>		Director Name					
Street Address 907 ZLNOW	_		Street Address			-		
City Blowy	State	Zip 69	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 declar statements, and that all statemen	re and affirm that nts contained he	l I have examined rein are true and	this report, including a correct.	ny accom	oanying schedu	les and		
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 WILLIAM Howby					Date 7-30-2019			
Signature of Officer/Authorized Representative								
Jany Jany								
MAN TO:								

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 3 0 2019

3:28

FORM 631 - Revised: 03/2019