



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

**Annual Report for the State of Rhode Island  
Non-Profit Corporation** 2019

→ Filing period: June 1 - June 30  
→ Filing Fee: \$20.00  
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

**FILED**

AUG 29 2019

BY 4800-1943  
DS

1. Entity ID Number 105201		2. Exact name of the Corporation GABRIEL'S TRUMPET CHRISTIAN BOOK STORE, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island CHRISTIAN STORE FOR BOOKS, VIDEOS, GIFTS AND OTHER CHRISTIAN ORIENTED ITEMS			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 477 WASHINGTON STREET		City COVENTRY	State RI	Zip 02816	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name FATHER MICHAEL KELLEY			Vice-President Name FATHER THOMAS WOODHOUSE		
Street Address ST. AGATHA'S RECTORY, 34 JOFFRE STREET			Street Address ST. PATRICK'S, 301 BROAD STREET		
City WOONSOCKET	State RI	Zip 02895	City CUMBERLAND	State RI	Zip 02864
Secretary Name ROBERT DIPADUA			Treasurer Name GREGORY LABOISSONNIERE		
Street Address 62 LAUREL AVENUE			Street Address 131 COLVINTOWN ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name FATHER MICHAEL KELLEY			Director Name FATHER THOMAS WOODHOUSE		
Street Address ST. AGATHA'S RECTORY, 34 JOFFRE STREET			Street Address ST. PATRICK'S, 301 BORAD STREET		
City WOONSOCKET	State RI	Zip 02895	City CUMBERLAND	State RI	Zip 02864
Director Name GREGORY LABOISSONNIERE			Director Name		
Street Address 131 COLVINTOWN ROAD			Street Address		
City COVENTRY	State RI	Zip 02816	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.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative FATHER MICHAEL KELLEY				Date 7-23-19	
Signature of Officer/Authorized Representative <i>Father Michael Kelley</i>				SIGN DOCUMENT HERE	