



FILED

AUG 29 2019

BY 4800-1943
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Annual Report for the ^{of Rh} 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.

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) Check the box to indicate an attachment <input type="checkbox"/>					
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 MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
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.					
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.					
<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	