



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

Annual Report for the year:
 Non-Profit Corporation

2018

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 BUS SVCS DIV

2020 MAY -1 PM 2:17

- 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 <u>00087510</u>		2. Exact name of the Corporation <u>Generation Church</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>A local church and community organization in Rhode Island</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>360 South Pine Rd</u>		City <u>Narragansett</u>	State <u>RI</u>
		Zip <u>02882</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Stephen Mook</u>		Vice-President Name <u>Scott Asadorian</u>	
Street Address <u>82 Robinson St</u>		Street Address <u>583 Shore Acres Avenue</u>	
City <u>Waterfield</u>	State <u>RI</u>	City <u>North Kingstown</u>	State <u>RI</u>
Zip <u>02877</u>		Zip <u>02852</u>	
Secretary Name <u>Lindsay Mook</u>		Treasurer Name <u>Greg Possemato</u>	
Street Address <u>82 Robinson St</u>		Street Address <u>10 Sanguipaug Rd</u>	
City <u>Waterfield</u>	State <u>RI</u>	City <u>Charlestown</u>	State <u>RI</u>
Zip <u>02877</u>		Zip <u>02813</u>	
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 <u>Stephen Mook</u>		Director Name <u>Greg Possemato</u>	
Street Address <u>82 Robinson St</u>		Street Address <u>10 Sanguipaug Rd</u>	
City <u>Waterfield</u>	State <u>RI</u>	City <u>Charlestown</u>	State <u>RI</u>
Zip <u>02877</u>		Zip <u>02813</u>	
Director Name <u>Scott Asadorian</u>		Director Name <u>NONE</u>	
Street Address <u>583 Shore Acres Avenue</u>		Street Address	
City <u>North Kingstown</u>	State <u>RI</u>	City	State
Zip <u>02852</u>		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 <u>Stephen Mook</u>			Date <u>May 1, 2020</u>
Signature of Officer/Authorized Representative <u>Stephen P Mook</u>			

FILED

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