



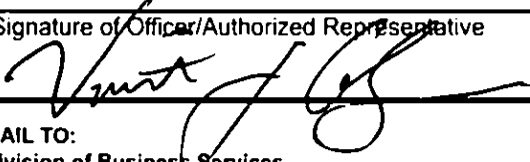
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2020**

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.

FILED
JUL 16 2020
BY 10017 DS

1. Entity ID Number 001675300		2. Exact name of the Corporation THE CHURCH OF THE CROSS			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CHRISTIAN CHURCH FOR THE PURPOSE OF CONGREGATIONAL WORSHIP: TITLE 7-6			
4. NAICS Code 813110 - Religious Organ					
6. Principal Office Address 100 POPLAR DRIVE			City CRANSTON	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name VINCENT J. COLAGIOVANNI			Vice-President Name NONE		
Street Address 100 POPLAR DRIVE			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Secretary Name VINCENT J. COLAGIOVANNI			Treasurer Name VINCENT J. COLAGIOVANNI		
Street Address 100 POPLAR DRIVE			Street Address 100 POPLAR DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
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 VINCENT J. COLAGIOVANNI			Director Name TODD R. GOBBI		
Street Address 100 POPLAR DRIVE			Street Address 10 DUDLEY STREET		
City CRANSTON	State RI	Zip 02920	City WOONSOCKET	State RI	Zip 02895
Director Name CLINTON J READ			Director Name VACANT		
Street Address 85 BRIGGS STREET, APT 909			Street Address		
City CRANSTON	State RI	Zip 02920	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 VINCENT J. COLAGIOVANNI				Date JULY 13, 2020	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT FILE	

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