



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**  
 5 AMP  
**MAR 09 2021**  
 BY 1080

1. Entity ID Number <b>001671735</b>		2. Exact name of the Corporation <b>Providence County Church of Christ</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Religious organization - church</b>			
4. NAICS Code <b>813110 - Religious Organiza</b>					
6. Principal Office Address <b>204 Nelson St</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <b>Osiris Gonzalez</b>			Director Name <b>Tracy Chuk</b>		
Street Address <b>204 Nelson St</b>			Street Address <b>42 Hill Top Dr</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Director Name			Director Name <b>Lance Waite</b>		
Street Address			Street Address <b>75 Independence Way</b>		
City	State	Zip	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
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>					
<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 <b>Osiris Gonzalez</b>				Date <b>03/03/2021</b>	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

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