



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 001671735		2. Exact name of the Corporation Providence County Church of Christ			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious organization - church			
4. NAICS Code 813110 - Religious Organiza					
6. Principal Office Address 204 Nelson St			City Providence	State RI	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Osiris Gonzalez			Director Name Tracy Chuk		
Street Address 204 Nelson St			Street Address 42 Hill Top Dr		
City Providence	State RI	Zip 02908	City Johnston	State RI	Zip 02919
Director Name			Director Name Lance Waite		
Street Address			Street Address 75 Independence Way		
City	State	Zip	City Cranston	State RI	Zip 02921
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 Osiris Gonzalez				Date 03/03/2021	
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