



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **2021**

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.

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1. Entity ID Number <b>000564366</b>		2. Exact name of the Corporation <b>Sacred Exchange Fellowship</b>			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Christian Church to engage in the Preaching & Teaching of the Gospel of Jesus Christ.			
4. NAICS Code 813110 - Religious Organizatio					
6. Principal Office Address 75 Division Street			City Warwick	State RI	Zip 02818
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Frank Reedy</b>			Vice-President Name <b>Frank Reedy</b>		
Street Address <b>54 Robinwood Drive</b>			Street Address <b>54 Robinwood Drive</b>		
City <b>Hope</b>	State <b>RI</b>	Zip <b>02831</b>	City <b>Hope</b>	State <b>RI</b>	Zip <b>02831</b>
Secretary Name <b>Alisa Richardson</b>			Treasurer Name <b>Alisa Richardson</b>		
Street Address <b>133 Puritan Drive</b>			Street Address <b>133 Puritan Drive</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
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>Debra Rushworth</b>			Director Name <b>Thomas Tufano</b>		
Street Address <b>30 Kingston Road</b>			Street Address <b>17 Mark Drive</b>		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Director Name <b>Frank Rossoni</b>			Director Name <b>RoseAnne DeAngelis</b>		
Street Address <b>86 Dayna Drive</b>			Street Address <b>34 Roslyn Avenue</b>		
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
9. The Registered Agent information of record with the RI Department of State is accurate. 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>RoseAnne DeAngelis</b>				Date <b>06/21/2021</b>	
Signature of Officer/Authorized Representative 					

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JUN 21 2021

BY **J.B. 62R**

P. 33

MAIL TO:  
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