RI SOS Filing Number: 202198721060 Date: 6/28/2021 4:00:00 PM

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.

FILED
JUN 28 2021
BY 2267

1. Entity ID Number	2. Exact name of the Corporation
105201	GABRIEL'S TRUMPET CHRISTIAN BOOK STORE, INC.
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: CHRISTIAN STORE FOR BOOKS, VIDEOS, GIFTS AND OTHER CHRISTIAN ORIENTED ITEMS
4. NAICS Code: 813110 - Religious Organizati	

6. Principal Office Address	City	State	Zip
477 WASHINGTON	COVENTRY	RI	02816

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: FATHER MICHAEL KELLEY			Vice-President Name: FATHER THOMAS WOODHOUSE		
Street Address: ST. AGATHA'S RECTORY, 34 JOFFRE STREET			Street Address: ST. PATRICK'S 301 BROAD STREET		
City: WOONSOCKET	State: RI	Zip: 02895	City: CUMBERLAND	State: RI	Zip: 02864
Secretary Name: ROBERT DIPADUA			Treasurer Name: GREGORY LABOISSONNIERE		
Street Address: 62 LAUREL AVENUE			Street Address: 131 COLVINTOWN ROAD		
City: COVENTRY	State: RI	Zip: 02816	City: COVENTRY	State: RI	Zip: 02816

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: FATHER MICHAEL KELLEY			Director Name: FATHER THOMAS WOODHOUSE		
Street Address: ST. AGATHA'S RECTORY, 34 JOFFRE STREET			Street Address: ST. PATRICK'S 201 BROAD STREET		
City: WOONSOCKET	State: RI	Zip: 02895	City: CUMBERLAND	State: RI	Zip: 02864
Director Name: GREGORY LABOISSONNIERE			Director Name: ROBERT DIPADUA		
Street Address: 131 COLVINTOWN ROAD			Street Address: 62 LAUREL AVENUE		
City: COVENTRY	State: RI	Zip: 02816	City: COVENTRY	State: RI	Zip: 02816

9. The Registered Agent information of record with the RI Department of State is accurate. 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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
FATHER MICHAEL KELLEY	6-21-2021

Signature of Officer/Authorized Representative: Father Michael Kelley

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

FORM 631 - Revised: 08/2020