

State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

STAMP

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

Filing period: June 1 - June 30		R.I. DEP I. OF STAI	C
Filing Fee: \$20.00		BUS SVCS DIV	
Filing Fee: \$20.00 Penalty: Additional \$25.00 fee if for	n is not filed by July 30.	9491 NII 5 A	
		<u> 2021 JUN 30 ₱ 2</u> ?	18
Entity ID Number 2	. Exact name of the Corporation	M-CAR	Downhaces
Entity to italiasi	calle at Chi	urch of Good of	10000
91440		if business conducted in Rhode Island	1
. State of Incorporation	5. Brief description of the character of	of Dationing a AVA	mization
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NAICS CODE X 13/10	Willie Diss	_	
8/5//		Stal	e Zip
5. Principal Office Address		City	R± 02908
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530 Smith	<u></u>	Check the	box to indicate an attachment
7. List ALL officers (names and add	(83562)	Vice-President Name	D'CASTO
President Name Rulgen	D. 13aez	1001111	1 -1
1.5.40.0	- Dava 2 Cl	Street Address (0 HDIWW	a st
Street Address 102 Pett	eus Ave ZFL	Str	ate UA 210/504
	State RI ZIP 02909	Cir Blackstone 15"	MA 101309
City Providence	1 06 10 1	Treasurer Name	EYES 1
Secretary Name	zaez		(1 2 (1
71117	<del>200</del>	Street Address & Andlin	ist ZFU
Street Address 141	wer st	ls s	tale KI ZO 0290 S
COURT 1 - AC	State P - Zip / DGO 8	huge a	
City Providence	104 WILET		the box to Indicate an attachment
8. List ALL directors (names and	addresses). RI Corporations MUST I	Check	Ale now in Alone of the annual of the alone
	. 5	Director Name	estes
Director Name Ruben	D. Balz		1
		Street Address 89 And	
Street Address 102	elleys Are	City Omidence	State Kat Zip 02908
CIN Day Land	State Ct ZOOZSUS	I my serve	1 0 1
cin Providence		Director Name	D' Casto
Director Name An A	Darz	10/2/10/2	154
\ <u>\</u>	a fa	Street Address 0 Hou	pard St
Street Address 141 D	wer st		State Ray Zip 12908
City D	State RI Zip OZOS	cin Blackstone	· · · · · · · · · · · · · · · · · · ·
riovidence		TO A THE TAX ASSESSED TO THE CONTROL OF THE PARTY OF THE	tiling roim 041.
9. The Registered Agent inform	ISDOU OF LECOLD MINI THE LA Debaran	ent of State is accurate. Changes require	panying schedules and
the set manufactor of the	riars and amim that Here comm		
statements, and that all state	eclare and ammi triat i tribe ements contained herein are true i	and correct. nt Secretary, Treasurer, duly Authorized Representa	ove, receiver or modes.
This report must be signed by either th	President, vice President, Goodsey,		Date
Name of Officer/Authorized Re	epresentative		
1117	KE463		<u> </u>
Signature of Officer/Authorize	Representative	0/	
Signators of Chinasan	5 1211		
	<u> </u>	7740	
<del></del>	<i></i>		

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phose: (401) 222-3040

Phone: (401) 222-3040 VOD. IL EDR www feelenteine JUN 3 0 2021

FORM 631 - Revised: 08/2020