RI SOS Filing Number: 202198991940 Date: 7/2/2021 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year:

2021

JUL 0 2 2021

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Non-Profit Corporation

→ Filing period: June 1 - June 30

BY \$ 3597

→ Filing Fee: \$20.00 → Penalty: Additional \$25.6	00 fee if form is not filed by July 30.	D 1
1 Entity ID Number	2 Evact name of the Cornoration	

1. Entity ID Number	2. Exact name of the Corporation						
000029294	Warwick Christian Fellowship						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Church						
4. NAICS Code							
813110 - Religious Organizatio							
6. Principal Office Address		 -	City	State	Zip		
358 Warwick Neck Ave. P.O. Box	7052		Warwick	RI	02886		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Steve Prickett- Elder/Pastor			Vice-President Name John Mitola- Elder				
Street Address 164 Calderwood Dr.			Street Address 303 Old Baptist Road				
City Warwick	State RI	Zip 02886	City North Kingstown	State RI	Z _{IP} 02852		
Secretary Name Scott Enos- Elder			Treasurer Name Scott Enos- Elder				
Street Address 22 Barnard Road			Street Address 22 Barnard Road				
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Ron Quattrini- Deacon			Director Name Mel Hobin - Deacon				
Street Address 69 Brentwood Ave.			Street Address 197 Richmond Drive				
City Warwick	State RI	^{Zip} 02886	City Warwick	State RI	Zip 02888		
Director Name Everett Mitola Director Name							
Street Address 303 Old Baptist Road			Street Address				
City North Kingstown	State RI	Zip 02852	City	State	Zip		
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.							
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			
Scott Enos 6-25-21							
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.n.gov