RI SOS Filing Number: 202101031370 Date: 9/7/2021 3:59:00 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.

Amendment
no fee

1. Entity ID Number: 001687741	2. Exact name of the Corporation: HILL CITY CHURCH
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: CHURCH & MINISTRY SERVICES
4 NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
442 SYLVAN CT	SAUNDERSTOWN	RI	02874

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

President Name: BISHOP DR. JOSEPH QUAINOO			Vice-President Name: DR. VANESSA QUAINOO		
Street Address: 442 SYLVAN CT			Street Address: 442 SYLVAN CT		
City: SAUNDERSTOWN	State: RI	Zip: 02874	City: SAUNDERSTOWN	State: RI	Zip: 02874
Secretary Name: DR. VANESSA QUAINOO			Treasurer Name: PERIS OMONDI		
Street Address: 442 SYLVAN CT			Street Address: 56 MERIDIAN ST		
City: SAUNDERSTOWN	State: RI	Zip: 02874	City: PROVIDENCE	State: RI	Zip: 02909

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

DR. JOSEPH QUAINOO

Director Name: DR. JOSEPH QUAINOO			Director Name: DR. VANESSA QUAINOO		
Street Address: 442 SYLVAN CT			Street Address: 442 SYLVAN CT		
City: SAUNDERSTOWN	State: RI	Zip: 02874	City: SAUNDERSTOWN	State: RI	Zip: 02874
Director Name: JACOB OMONDI			Director Name: PERIS OMONDI		
Street Address: 56 MERIDIAN ST			Street Address: 56 MERIDIAN ST		
City: PROVIDENCE	State: RI	Zip: 02909	City: PROVIDENCE	State: RI	Zip: 02909

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
BISHOP DR. JOSEPH QUAINOO	SEPTEMBER 7, 2021

Signature of Officer/Authorized Representative: Joseph Quainoo

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R.I. DEPT. OF STATE
BUS SVCS DIV

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SEP 07 2021
BY A.A. 3:59 PM

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

State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

September 07, 2021 03:59 PM

Nellie M. Gorbea
Secretary of State