



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 001708571

2. Name of Corporation ROOTED COMMUNITY CHURCH

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code



813110

4. Principal Office Address

No. and Street: 187 SINCLAIR AVENUE

334

City or Town: PROVIDENCE

State: RI

Zip: 02907

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

RELIGIOUS CHARITABLE AND EDUCATION SPREAD THE GOSPEL

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	JOSHUA C LAGUERRE	11 SOUTH ANGELL ST., 334 PROVIDENCE, RI 02906 USA

INCORPORATOR	WESLEY WAGNAC	187 SINCLAIR AVENUE PROVIDENCE, RI 02907 USA
DIRECTOR	WESLEY WAGNAC	187 SINCLAIR AVENUE PROVIDENCE, RI 02907 USA
DIRECTOR	SHEBNA WAGNAC	187 SINCLAIR AVNEUE PROVIDENCE, RI 02907 USA
DIRECTOR	CHARLENE CHAM RHAU	85 HOME AVENUE PROVIDENCE, RI 02908 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

WESLEY WAGNAC 187 SINCLAIR AVENUE PROVIDENCE , RI 02907

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

Signed this 20 Day of September, 2021 at 3:54:26 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JOSHUA C LAGUERRE
Signature of Authorized Person

Form No. 631
Revised 09/07

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