



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2023**

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

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1. Entity ID Number 001336368		2. Exact name of the Corporation Four Corners Community Chapel Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Community Church			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 200 Angell Road			City Cumberland	State RI	Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nathan Green			Vice-President Name		
Street Address 200 Angell Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name			Treasurer Name Gregory S Polite		
Street Address			Street Address 200 Angell Road		
City	State	Zip	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Nathan Green			Director Name Gregory S Polite		
Street Address 200 Angell Road			Street Address 200 Angell Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Katy Gabel			Director Name		
Street Address 200 Angell Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Gregory S Polite, Treasurer					Date 12/29/2022
Signature of Officer/Authorized Representative					

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY **ML T90VS**

FORM 631 - Revised: 11/2021

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