

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

CLL DEPT. OF STATE

→ Penalty: Additional \$25,00 fee if	form is not filed by	July 30.		. AC	
1. Entity ID Number	2. Exact name of the Corporation				
792070	Journey Through Faith				
3. State of Incorporation	S. Brief description of the character of business conducted in Rhode Island				
RI		9		, Total Ta	
4. NAICS Code	1 ,				•
8/3//0	Christian Community Center				
6. Principal Office Address			City	State	Zip
31 Capital Street and Floor			Pawtucket	RI	02860
7. List ALL officers (names and add		,	Check the box to indica	te an attachment	
President Name Taylor J Britto			Vice-President Name Kenneth Milton Mallette Tr.		
Street Address			Street Address 168 River Street		
282 Samuel Corton Avenue					
City Warwick	State RI	2ip 02889	Warwick	State RI	OL R & &
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					
Director Name Vessica L Britto			Check the box to indicate an attachment Director Name		
Street Address			Street Address D V A		
City / / / State n Zip			180 Sunny Brook	<u>Dr</u>	T -:
Warwick	State RI	02889	North Kingstown	State RI	zip <i>0</i> み85み
Director Name Dean Isahella			Director Name Taunica Cerulo		
Street Address			Street Address _ / /	KA WITO	
14 Westmareland Street			97 Westeyan		
Narragansett	State RI	09887	City Warwick	State RI	07888
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 142022					
laylor & Brill	0			1110	ノムフ
Signature of Officer/Authorized Rep	presentative		FILED	•	,
WAIL TO:	<i>V</i>		JAN 0 4 2023		
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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