

**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: February 1 - May 1

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: 2023**1. Corporate ID No.** 000564366**2. Name of Corporation** Sacred Exchange Fellowship**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: 75 DIVISION STREETCity or Town: WARWICKState: RI Zip: 02818 Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**CHRISTIAN CHURCH TO ENGAGE IN THE PREACHING AND TEACHING OF THE GOSPEL OF JESUS CHRIST**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
PRESIDENT	FRANK REEDY	54 ROBINWOOD DRIVE HOPE, RI 02831 USA
TREASURER	ALISA RICHARDSON	133 PURITAN DR WARWICK, RI 02888 USA
DIRECTOR	DONNA REEDY	54 ROBINWOOD DR HOPE, RI 02831 USA
DIRECTOR	LISA COTOIA	1 JADE ROAD COVENTRY, RI 02816 USA
DIRECTOR	LORI CONTI	11 PORTLAND STREET EAST PROVIDENCE, RI 02914 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

MICHAEL CAPARRELLI 75 DIVISION STREET WARWICK , RI 02818

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

Signed this 22 Day of February, 2023 at 11:18:42 AM 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 LISA COTOIA

Signature of Authorized Person

Form No. 631
Revised 09/07

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