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.

APR 14 2023

2791760942

1. Entity ID Number	2. Exact name of the Corporation
791794	Holy Cross C.O.G.I.C. Independent Christian Counseling Assembly
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Faith based, educational, outreach, community service, counseling humanitarian
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
83 Summer Street	Woonsocket	RI	02895

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

President Name: Cynthia M. Farrow			Vice-President Name		
Street Address: 83 Summer St.			Street Address		
City: Woonsocket	State: RI	Zip: 02895	City: N/A	State	Zip
Secretary Name: Debra Hollins			Treasurer Name		
Street Address: 31 Bullocks Point Ave			Street Address		
City: Riverside	State: RI	Zip: 02915	City	State	Zip

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

Director Name: Christina Hazard			Director Name: Christopher Hollins		
Street Address: 315 Park Ave			Street Address: 83 Summer St.		
City: Cranston	State: RI	Zip: 02905	City: Woonsocket	State: RI	Zip: 02895
Director Name: Debra Hollins			Director Name		
Street Address: 31 Bullocks Point Ave			Street Address: N/A		
City: Riverside	State: RI	Zip: 02915	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.

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
Pastor Cynthia Farrow	4/10/23

Signature of Officer/Authorized Representative

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: 2/2023