



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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.

MAY 03 2024

2773

1. Entity ID Number 105201		2. Exact name of the Corporation GABRIEL'S TRUMPET CHRISTIAN BOOK STORE, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island CHRISTIAN STORE FOR BOOKS VIDEOS, GIFTS AND OTHER CHRISTIAN ORIENTED ITEMS			
4. NAICS Code 813110 - Religious Orgar					
6. Principal Office Address 477 WASHINGTON STREET			City COVENTRY	State RI	Zip 02816
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name FATHER MICHAEL KELLEY			Vice-President Name FATHER THOMAS WOODHOUS		
Street Address ST AGATHA'S RECTORY 34 JOFFRE ST			Street Address ST. PATRICK'S 301 BROAD STREE		
City WOONSOCKET	State RI	Zip 02895	City CUMBERLAND	State RI	Zip 02864
Secretary Name ROBERT DIPADUA			Treasurer Name GREGORY LABOISSONNIERE		
Street Address 62 LAUREL AVENUE			Street Address 131 COLVINTOWN ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
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 FATHER MICHAEL KELLEY			Director Name FATHER THOMAS WOODHOUSE		
Street Address ST. AGATHA'S RECTORY 34 JOFFRE S			Street Address ST. PATRICK'S 201 BROAD ST		
City WOONSOCKET	State RI	Zip 02895	City CUMBERLAND	State RI	Zip 02864
Director Name GREGORY LABOISSONNIERE			Director Name		
Street Address 131 COLVINTOWN ROAD			Street Address		
City COVENTRY	State RI	Zip 02816	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative FATHER MICHAEL KELLEY					Date 4-14-2024
Signature of Officer/Authorized Representative <i>Father Michael Kelley</i>					

MAIL TO:
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Website: www.sos.ri.gov