



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
Non-Profit Corporation \_\_\_\_\_

MAY 03 2024

2773

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>105201</b>		2. Exact name of the Corporation <b>GABRIEL'S TRUMPET CHRISTIAN BOOK STORE, INC.</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>CHRISTIAN STORE FOR BOOKS VIDEOS, GIFTS AND OTHER CHRISTIAN ORIENTED ITEMS</b>			
4. NAICS Code <b>813110 - Religious Orgar</b>					
6. Principal Office Address <b>477 WASHINGTON STREET</b>			City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>FATHER MICHAEL KELLEY</b>			Vice-President Name <b>FATHER THOMAS WOODHOUS</b>		
Street Address <b>ST AGATHA'S RECTORY 34 JOFFRE ST</b>			Street Address <b>ST. PATRICK'S 301 BROAD STREE'</b>		
City <b>WOONSOCKET</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name <b>ROBERT DIPADUA</b>			Treasurer Name <b>GREGORY LABOISSONNIERE</b>		
Street Address <b>62 LAUREL AVENUE</b>			Street Address <b>131 COLVINTOWN ROAD</b>		
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>FATHER MICHAEL KELLEY</b>			Director Name <b>FATHER THOMAS WOODHOUSE</b>		
Street Address <b>ST. AGATHA'S RECTORY 34 JOFFRE S</b>			Street Address <b>ST. PATRICK'S 201 BROAD ST</b>		
City <b>WOONSOCKET</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
Director Name <b>GREGORY LABOISSONNIERE</b>			Director Name		
Street Address <b>131 COLVINTOWN ROAD</b>			Street Address		
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>FATHER MICHAEL KELLEY</b>					Date <b>4-14-2024</b>
Signature of Officer/Authorized Representative <i>Father Michael Kelley</i>					

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