



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.

REC'D RID05 BSD  
24 JUN 10 AM 11:52:26

1. Entity ID Number <u>28816</u>		2. Exact name of the Corporation <u>Christ Temple, Inc</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code <u>813110</u>		<u>Religious</u>			
6. Principal Office Address <u>37 Marlborough Ave</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Rev Philip D. Ferrara</u>			Vice-President Name <u>Dianelle</u>		
Street Address <u>37 Marlborough Ave</u>			Street Address <u>379 Power Rd</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02860</u>
Secretary Name <u>Dianelle Ferrara</u>			Treasurer Name <u>David Applegate</u>		
Street Address <u>379 Power Rd</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02860</u>	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>Rev Philip D Ferrara</u>			Director Name <u>Philip Cooper</u>		
Street Address <u>37 Marlborough Ave</u>			Street Address <u>Manton Ave</u>		
City <u>Providence</u>	State <u>RI</u>	Zip	City <u>Providence</u>	State <u>RI</u>	Zip
Director Name <u>Dianelle Ferrara</u>			Director Name		
Street Address <u>379 Power Rd</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02860</u>	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 <u>Rev Philip D Ferrara</u>			FILED	Date <u>6/10/24</u>	
Signature of Officer/Authorized Representative <u>Rev Philip D Ferrara</u>			JUN 10 2024 BY <u>LRXNI</u>		

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov