RI SOS Filing Number: 202455774040 Date: 6/14/2024 4:00:00 PM

	State of Rhode Island  Department of State - Business Services Division				FILED		
Annual Report fo Non-Profit Corpo  → Filing period: Febr → Filing Fee: \$20.00 → Penalty: Additiona	r the year: ration uary 1 - May 1	2024		olvision	JUN 1 4 2024  BY		
1. Entity ID Number 2. Exact name of the Corporation Warwick Christian Fell				llowship ·		)	
3. State of Incorporat	on	Brief description of the character of business conducted in Rhode Island     Church					
4. NAICS Code 813110-Religio	us Org.						
6. Principal Office Address 366 Warwick Neck Ave. P.O. Box 7052			City Warwick	State RI	Zip 02886		
7. List ALL officers (na	ames and add	resses)		Che	ck the box to indicate a	n attachment	
President Name Steve Prickett- Elder/Pastor				Vice-President Name John Mitola/Elder			
Street Address 940 Quaker Lane, Apt.213				Street Address 303 Old Baptist Road			
City Warwick	<u></u>	State RI	<sup>Zip</sup> 02886	City North Kingstown	State RI	Zip UZ85Z	
Secretary Name Scott Enos/Elder				Treasurer Name Scott Enos/Elder			
Street Address 22 Barnard Road				Street Address 22 Barnard Road			
City Warwick		State RI	<sup>Zip</sup> 02886	City Warwick	State RI	<i>0</i> 2886	
8. List ALL directors (	names and ac	idresses). RI Corp	porations MUST (i	st at least THREE directors.	eck the box to indicate a	n attachment	
Director Name Ron Quattrini-Deacon				Director Name Robert Liu-Deacon			
Street Address 69 Brentwood Ave.				Street Address 166 Love Lane			
City Warwick	<del>.</del>	State RI	<sup>Zip</sup> 02886	City Warwick	State RI	Zip UZ886	
Director Name Doug Hobin				Director Name			
Street Address 197 Richmond Drive				Street Address			
City Warwick		State RI	Zip 02888	City	State	Zip	
9. The Registered Ag	ent informatio	n of record with th	e RI Department	of State is accurate. Changes re	equire filing Form 641	l.	
Under penalty of pe statements, and tha				d this report, including any ac i correct.	companying sched	ules and	
This report must be signed	by either the Pres	ident, Vice-President,	Secretary, Assistant St	ecretary, Treasurer, duly Authorized Repri	esentative, Receiver or Tru	stee.	
Name of Officer/Authorized Representative					Date		
Scott Enos					6/6/2024		
Signature of Officer/A	uthorized Rep					·	

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov