



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

| [LOGOUT](#) |

Domestic Non-Profit  
Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

Help with this form

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR:

1. Corporate ID No. 000066359

2. Name of Corporation GENESIS ECUMENICAL COMMUNITY

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street:

City or Town:  State:  Zip:  Country:

5. Foreign Corporation. Enter Principal Office Address

No. and Street:   
  
City or Town:  State:  Zip:  Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

A CHRISTIAN FELLOWSHIP

**FILED**

7. Names and Addresses of the Officers and Directors:

MAY 19 2016

All officers and directors must be listed. If officers and/or directors have been elected, the title of incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	PRESIDENT	DANIEL CORLEY	31 WESTMORE STREET PROVIDENCE, RI 02910 USA

1281 OS

<input type="checkbox"/>	DIRECTOR	KATHLEEN BELTRAMELLO	104 BEACH ROAD BRISTOL, RI 02809 USA
<input type="checkbox"/>	Vice President	Maria Wilhelm	60 Angell Ave Cranston, RI 02920 USA
<input type="checkbox"/>	Secretary	Elizabeth Beach	71 Westmore St Providence, RI 02910 USA
<input type="checkbox"/>	Treasurer	Catherine C De Meo	17 Breezy Knoll Rd Greenville, RI 02828 USA
<input type="checkbox"/>	Director	Carol Shelton	79 Pawtuxet Ave Cranston, RI 02905 USA
<input type="checkbox"/>	Director	Francisco Velasquez	48 Lawn Street Providence, RI 02908 USA

Select From Below  Title:

First Name:  Middle Name:  Last Name:  Suffix:

Address:  City:  State:  Zip:  Country:

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CATHERINE DEMEO 7 BREEZY KNOLL ROAD GREENVILLE , RI 02828

**Filer's Contact Information**

*(Enter a contact name, mailing address and email.)*

Contact Name:

Business Name:

No. and Street:

City or Town:  State:  Zip:  Country:

Contact Phone:  ext:

Contact Email:

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

**Signed this 17 Day of May, 2016 at 9:18:27 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By   
 Signature of Authorized Person

**FILED**

MAY 19 2016

BY 128105

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-6. You hereby agree that any legal issues or causes of action arising from the submission of this filing

Accept  Decline

*ED 66359*