



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000066359		2. Exact name of the Corporation Genesis Ecumenical Community			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island a Christian Fellowship			
4. NAICS Code 813590					
6. Principal Office Address c/o Catherine DeMeo 17 Breezy Knoll Rd			City Greenville	State RI	Zip 02828
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel Corley			Vice-President Name Maria Wilhelm		
Street Address 31 Westmore St			Street Address 60 Angell Ave		
City Providence	State RI	Zip 02910	City Cranston	State RI	Zip 02920
Secretary Name Elizabeth Beach			Treasurer Name Catherine De Meo		
Street Address 31 Westmore St			Street Address 17 Breezy Knoll Rd		
City Providence	State RI	Zip 02910	City Greenville	State RI	Zip 02828
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 Larol Shelton			Director Name Fresco Velasquez		
Street Address 19 Pawtuxet Ave			Street Address 49 Lawn St		
City Cranston	State RI	Zip 02905	City Providence	State RI	Zip 02908
Director Name Kathleen Bertramello			Director Name		
Street Address 104 Beach Rd			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Catherine De Meo					Date 7/3/17
Signature of Officer/Authorized Representative <i>Catherine De Meo</i>					

FILED

JUL 07 2017

BY 1290DS

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