

State of Rhode Island and Providence Plantations

Office of the Secretary of State

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

Fitting Ferrola. June 1- June 30. The supportance of the first annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.	
1. Corporate ID No. 2. Name of Corporation	11 // 1
27,87 TheForst Bankst C	Church of Narragauseff Rhode Island
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address	Gig Zip
R/ 305 Kingstown Rd	Marragansett 02882
5. Foreign corporation. Enter principal office address	City State C Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Isla	ind
Church affairs	
	THE THE THE CHACKE OFFICER HEING ATTACUMENTS
7, NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACH	Vice President Name
President Name	1 , , , , , , , , , , , , , , , , , , ,
John Goasdone	Street Address
Street Address	H breek ches to 11) an
City State 2 Zip	City State 2 Zip
Marraganso H State B1 02882	MarasansoH K1 02882
<u></u>	Treasurer Name
Secretary Name John Crivey	Diane F Whitman
Street Address	Street Address
15 Mellbridge Bd.	15 Dockray St
City State J Zip	City State Zip
10 helie 11 K/ 02879	Wakefreld B1 02879
B. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND)	CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23
Director Name	Director Name
Joseph Franchina	Bruce Kerrode
Street Address	Street Address
la landerdate De	23 Kensmaton to
Gity State Zip	City O 1 State
Narrasansett B1 02882	Waketield KI 302819
Director Name / / / //	Director Name
hen Hathaway	
Street Address // Ja /	Street Address
410 Wandsworth St	7 4 12
City Zip State Zip	Gty State Z
Norragonsett K/ 02882	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Chan	ges require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78.
Agent Name	Address
Mancy V Mor Mup	
Address	City Zip
59 Greenwood Dr	Walufreld & 07879
This report must be signed by either the President. Vice Pres	ident, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee
This report must be argued by branch and resources, the second	
W.	
	Under penalty of perjury, I declare and affirm that I have examined this
	report, including any accompanying schedules and statements, and that all
MAR 1 7 2008	statements contained herein are true and correct.
12/2	fene Milulman 1/4/02
File Days	Signature of Officer Date
Check No.	Diane F Whitman'
	Print or Type Name of Officer
	Time in The tensor of office.

theosuner

Form 631 Rev. 12/06

Title of Officer