



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

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its 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. 28107		2. Name of Corporation LUTHERAN CHURCH OF THE GOOD SHEPHERD			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 383 OLD NORTH ROAD PO BOX 117		City KINGSTON	Zip 02881
5. Foreign corporation. Enter principal office address		City		State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island LUTHERAN CHURCH					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name AVIS O'NEILL			Vice President Name RIITA PASSANANTI		
Street Address 38 MEADOW STREET			Street Address 310 GILBERT STUART ROAD		
City WAKEFIELD	State RI	Zip 02879	City SAUNDERS TOWN	State RI	Zip 02874
Secretary Name JEAN VIKAN			Treasurer Name JOHN BELL		
Street Address 150 WEATHERVANE ROAD			Street Address 12 ROSE COURT		
City WAKEFIELD	State RI	Zip 02879	City NARRAGANSETT	State RI	Zip 02882
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ 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 MATT RITCHEY			Director Name ROBERT ANDERSON		
Street Address 195 KINGS RIDGE ROAD			Street Address 247 AUDUBON ROAD		
City WAKEFIELD	State RI	Zip 02879	City NORTH KINGSTOWN	State RI	Zip 02852
Director Name ANN LESSMANN			Director Name PAUL VERGUN		
Street Address 35 COURTLAND DRIVE			Street Address 195 EXETER ROAD		
City NARRAGANSETT	State RI	Zip 02882	City NORTH KINGSTOWN	State RI	Zip 02852
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name			Address		
Address			City		Zip

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Signature of Officer: John P. Bell Date: 5-20-08
Print or Type Name of Officer: JOHN P. BELL
Title of Officer: TREASURER

File Date	FILED
Check No.	<u>MAY 23 2008</u>
By:	<u>By 1457</u>
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