

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 ZOO (401.222.3)

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.

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1. Corporate ID No.	2. Name of Corporation	111	Macrila) co	aduand		
<u> 30409</u>	PORTSMOUTH	UNITED	METHODIST	CHURCH	•	
3. State of Incorporation RHODE ISCAND	4. Corporate address in Rhode Island - Z732 EAST MA	Street Address F/N RoAD	PO BOX 765	PORT (MOUTH	^{Zip} 0287/	
5. Foreign corporation. Enter prin		City	4	State	Zip	
				<u> </u>	<u> </u>	
6. Brief Description of the character	of the affairs which are actually conducted	ed in Rhode Island	0011			
KECIGIOUS,	THE AFFAIRS O	PA CHUI	CCA			
and the second of the second o	OF THE OFFICERS: ("X" BOX I			EFORE USING ATTACH	MENTS	
President Name	· · · · · · · · · · · · · · · · · · ·	i	resident Name	m ~ 0 0 1 1		
JAY CHARETTE			BETH LEINBERRY			
76 NARRAGA	NSETT AVE.		10 CANTON	AVE.		
TIVERTON	State RI OZ8	78 Pc	RTSMOUTH	State R I	02871	
	1cNEILLY	Treasu	SEORGE 1	WALSH		
Street Address HARGU	PAVES DRIVE	Street 2	address FISCH	ER CIRCL	6	
PORTSMOUTH 8. NAMES AND ADDRESSES	State Zip 028 OF THE DIRECTORS: ("X" BOX	7/ POR ATTACHMEN	ORTSMOVTH DIFFILL IN SPACES B	State RI BEFORE USING ATTACK	6787/	
THE NUMBER OF DIRECTO	ORS OF A DOMESTIC (RHODE	ISLAND) CORPO	RATION SHALL NOT I	BE LESS THAN THREE	(3). R.I.G.L. 7-6-23	
Director Name		Direct	or Name			
DAVID BE	SSETTE		ROBERT	SWANN		
Street Address WATER .	ST.	Street A	65 VALA	HALLA DRIV	E	
PORTEMUNTH	State RI Zip OZ	871 Po	RTSMOUTH	State R I	02 8 7/	
	MANCIO	Directo	RICHAR)	TAYLOR		
Street Address III BRIA	RWOOD AVE.	Street 2	309 Hol	LY CIRCLE		
TIVERTON 9. REGISTERED AGENT IN	State RI Zip 0287 RHODE ISLAND - DO NOT ALT	City City Changes req	TIVERTON uire filing of Form 6	State L I 41 - R.I.G.L. 7-6-13 / 7-	^{Z1} 0 Zf 75	
Agent Name DAVI	HUTCHINSON	Addres	2732 EAS	T MAIN R	OAD	
Address PO B	0× 265	City	PORTSMOUT	Zio	2871	
This report must	be signed by either the President	, Vice President, S	Secretary, Assistant Secr	etary, Treasurer, Receiv	er or Trustee	

File Date	FILED		
200	JUN 3 0 2008		
ву: Ву	10924	alan Alama	
	FOR SECRETARY OF STA	TE USE	ONLY

Inder penalty of perjury, I declare and affirm that I have examined this
eport, including any accompanying schedules and statements, and that all
tatements contained her in are true are correct.
My Charlete 6/22/08
gnature of Officer Date
JAY CHARETTE
rint or Type Name of Officer
PRESIDENT, BOARD OF TRUSTEET
itle of Officer
Form 631 Rev. 12/06