



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

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 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. <b>26698</b>		2. Name of Corporation <b>Arnold Mills United Methodist Church</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Corporate address in Rhode Island - Street Address <b>690 Nate Whipple Highway</b>		City <b>Cumberland</b>	Zip <b>02864</b>
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 <b>Local Parish Church</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Rev. Dr. Roger Davis</b>			Vice President Name <b>Keith Johnson</b>		
Street Address <b>696 Nate Whipple Highway</b>			Street Address <b>547 Woonsocket Hill Road</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>No. Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>
Secretary Name <b>LeAnn Cotta</b>			Treasurer Name <b>Sandy Angell</b>		
Street Address <b>32 Paul Street</b>			Street Address <b>6 Ash Street</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 <b>J. Robbins Arnold</b>			Director Name <b>James Goodwillie</b>		
Street Address <b>3151 Diamond Hill Road</b>			Street Address <b>710 High Street</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
Director Name <b>Lindsay Gettinger</b>			Director Name <b>Cindy Mauch</b>		
Street Address <b>5 Evans Street</b>			Street Address <b>23 Wollen Drive</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
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 <b>Sandy Angell</b>			Address		
Address <b>690 Nate Whipple Highway</b>			City <b>Cumberland</b>	Zip <b>02864</b>	

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



FILED

File Date  
**JUN 30 2008**  
Check No.  
By: **6720**

FOR SECRETARY OF STATE USE ONLY

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.

**Sandy Angell** 6-25-08  
Signature of Officer Date

**Sandy Angell**  
Print or Type Name of Officer

**Treasurer**  
Title of Officer