

A. Ralph Mollis, Secretary of State Corporations Division 20 (Providence, RI 02904-2615 401.222,3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

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1. Corporate ID No.	2. Name of Gorp	2. Name of Corporation				
27267	The River U	The River United Methodist Communities				
3. State of Incorporation	4. Corporate ad	4. Corporate address in Rhode Island - Street Address			Zip	
Rhode Island	17 Federal	17 Federal St			02895	
5. Foreign corporation. Em	ter principal office addre	988	City	State	Zij)	
6. Brief Description of the cha	racter of the affairs whi	ch are actually conducted in R	bode Island		•	
Religious services, pla	ice of worship					
7. NAMES AND ADDR	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPAC	CES BEFORE USING ATTA	CHMENTS	
President Name			Vice President Name			
Rev. Brian J. Souza						
Street Address 195 Joslin Rd			Street Address			
City	State	Zip	City	State	Zip	
Glendale	RI	02826				
Secretary Name			Treasurer Name			
Madison Souza			Wayne Bernache			
Street Address			Street Address			
195 Josiln Rd			288 Rathbun St			
City	State	Zip	City	State	Zip 2000Γ	
Glendale	RI	02826	Woonsocket	RI	02895	
			ATTACHMENT) TILL IN SPA			
	RECTORS OF A DO	MESTIC (KHUDE ISLA	ND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name			
Director Name						
Dennis Anderson			Rebecca Lambert Street Address			
Street Address			281 Mowry St			
593 Whipple Rd	State	Zip	City	State	Zip	
City Pascoag	RI	08259	Woonsocket	RI	02895	
Director Name	[17]	100203	Director Name	1141	10200	
James Lambert			Matthew Leupold			
Street Address 281 Mowry St			Street Address 236 Main st			
						City [,]
Woonsocket	RI	02895	Blackstone	MA	01504	
9. REGISTERED AGEN	T IN RHODE ISLA	ND				
This information is curre	ently of record in th	e Office of the Secretary	of State. Changes require filing of	of Form 641 - R.I.G.L. 7-6-13	3/7-6-78	
This report	must be signed by	either the President, Vic	e President, Secretary, Assista	nt Secretary, Treasurer, Rec	eiver or Trustee	

File Date	FILED
Check No.	FEB 0 6 2009
Ву:	By \\SZ8
F	OR SECRETARY OF STATE USE ONLY

27267

Under penalty of perjury, I declare and affirm th report, including any accompanying schedules and	
statements contained herein are true, and correct.	1.11.
Madian Souge	<u> </u>
Signature of Officer	Date
Madison Source	
Print or Type Name of Officer	
Administrative	State
Title of Officer	
	Form 631 Rev. 09/17