

A. Ralph Mollis, Secretary of Stat Corporations Divisio: 148 W. River Stree Providence, RI 02904-261. 401.222.304

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 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 rejusing. | to file its annual report within the time prescrib | bed by law (R.I.G.L. 7-6-91) is subject to a |
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| penalty fee of \$25.00. | . , , , , | , , | , , |

| penany jee of \$23.00. | | | | | | |
|--|--|--|---------------------------------------|-----------------------------------|------------------|--|
| 1. Corporate ID No. | 2. Name of Corporatio | | | | | |
| 30426 | The Women's G | The Women's Guild of the Beneficient Congregational Church (United Church of Christ) | | | | |
| 3. State of Incorporation | 4. Corporate address is | n Rbode Island - Street | Address | City | Zip | |
| Rhode Island | 300 Weybosset | 300 Weybosset Street | | Providence | 02903 | |
| 5. Foreign corporation. Enter principal office address | | | City | State | Z:ip | |
| | aracter of the affairs which are not Beneficent Church | actually conducted in R | Phode Island | | | |
| 7. NAMES AND ADDR | RESSES OF THE OFFICE | RS: ("X" BOX FOR A | TTACHMENT) | S BEFORE USING ATTA | CHMENTS | |
| President Name | | | Vice President Name | | | |
| Mrs. Irene Champion | | | The Rev. Mary Ryder | | | |
| Street Address | | | Street Address | | | |
| 280 Washington St #403 | | | 171 Laurel Avenue | | | |
| City | State | Zip | City | State | Zip | |
| Providence | Rhode Island | 02903 | Providence | Rhode Island | 02906 | |
| Secretary Name | i | 1 | Treasurer Name | | 10-000 | |
| Mrs. Doris Mathewson | | Dr. Harl Ryder | | | | |
| Street Address 44 Forsythia Lane | | Street Address 171 Laurel Avenue | | | | |
| City | State | Zip | City | State | Zip | |
| Cranston | Rhode Island | 02921 | Providence | Rhode Island | 02906 | |
| 8. NAMES AND ADDR | ESSES OF THE DIRECTO | ORS: ("X" BOX FOR | ATTACHMENT) TILL IN SPACE | | | |
| | | | ND) CORPORATION SHALL NO | | | |
| Director Name | | • | Director Name | | | |
| Mrs. Charlotte Decker | | | Mrs. Ruth Whipple | | | |
| Street Address | | | Street Address | | | |
| 87 Cowesett Road | | | 11 Hawthorne Street | | | |
| City | State | Zip | City | State | Zip | |
| Warwick | Rhode Island | 02886 | North Providence | Rhode Island | 02904 | |
| Director Name | | | Director Name | T WITE GO TO TO TO | 1 | |
| Mrs. Irene Champio | n | | | | | |
| Street Address | | | Street Address | | | |
| 280 Washington St | #403 | | | | | |
| City | State | Zip | City | State | Zip | |
| Providence | Rhode Island | 02903 | ' | | | |
| 9. REGISTERED AGEN | | , | | 1 | 1 | |
| | | _ | | | | |
| This information is curr | ently of record in the Offi | ce of the Secretary | of State. Changes require filing of I | Form 641 - R.I.G.L. 7-6-13 | 3/7-6-78 | |
| This report | t must be signed by either | r the President Vic | ce President, Secretary, Assistant | Secretary Transurar Dec | eiver or Trustee | |
| Tins report | i masi be signed by citile. | t the Frestdent, Vic | be tresident, becretary, Assistant | occidity, ficasuici, Rec | CIVEL OF HUSICE | |
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| File Date |
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| FILED |
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| Check No. JUN 2 2 2009 |
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| $ ^{By:}$ \bigcirc \bigcirc \bigcirc \bigcirc |
| FOR SECRETARY OF STATE USE ONLY |

30426

| Under penalty of perjury, I declare and af | firm that I have examined thi |
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| report, including any accompanying schedu | iles and statements, and that al |
| statements contained herein are true and co | rrect. |

Signature of Officer Champion

Irene Champion Print or Type Name of Officer

President Title of Officer

Form 631 Rev. 09/17