



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 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 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. 164766		2. Name of Corporation St. Augustine's Episcopal Church	
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address 35 Lower College Rd.	
		City Kingston	Zip 02881
5. Foreign corporation. Enter principal office address		City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Episcopal church, pastoral care			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name REV. DR. JENNIFER PHILLIPS		Vice President Name DAVID TERRY - SR. WARDEN	
Street Address 106 Bayberry Rd.		Street Address 32 Mulberry Dr.	
City Kingston	State RI	City Wakefield	State RI
Zip 02881		Zip 02879	
Secretary Name VICKI STEDMAN		Treasurer Name JANE GRENIER	
Street Address 79 CANONICUS RD		Street Address 35 Lower College Rd.	
City NARRAGANSETT	State RI	City Kingston	State RI
Zip 02882		Zip 02881	
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 ANNE RAVENSCROFT		Director Name PETER HORGAN	
Street Address 43 SHICKASHEEN WAY		Street Address 513 SWITCH RIVER RD	
City W. KINGSTON	State RI	City WOOD RIVER JUNCTION	State RI
Zip 02892		Zip 02894	
Director Name DAVID MASSE		Director Name	
Street Address 35 LOWER COLLEGE RD		Street Address	
City KINGSTON	State RI	City	State
Zip 02881		Zip	
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

FILED

File Date **JUL 03 2009**
Check No. **By 4753**
By: _____

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.

Jennifer M. Phillips 5/26/09
Signature of Officer Date
Jennifer M. Phillips
Print or Type Name of Officer
Rector & President
Title of Officer