

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

2012223040

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 see of \$25.00.  |              |               |                                  |               |                               |              |  |
|--|--------------|---------------|----------------------------------|---------------|-------------------------------|--------------|--|
| Corporate ID No. 2. Name of Corporation  |              |               |                                  |               |                               |              |  |
| 000027205 First Churchot Christ, Scientist No Kingstown, RI  |              |               |                                  |               |                               |              |  |
| 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address  |              |               |                                  | City .        | Ziti                          | _            |  |
| RI 55 Tower Hill Koau  |              |               | d                                | No. Kingstown | $\mathcal{L}\mathcal{L}$      |              |  |
| 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  |              |               |                                  |               |                               |              |  |
| Church services conducted twice weekly allyear.  |              |               |                                  |               |                               | 527          |  |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) 🔲 FILL IN SPACES BEFORE USING ATTACHMENT 😤 🤼                                |              |               |                                  |               |                               |              |  |
| President Name   |              |               | Vice President Name Mr. F. T. Wo | a 11 I        | <del>-</del>                  |              |  |
| Mrs Merylyn Bishop   |              |               |                                  | irrell, Jr    | 1                             |              |  |
| 47. Willard Street   |              |               | Street Address Box 1741          |               |                               |              |  |
| Warwick  | State<br>R I | zφ<br>02889   | E. breenwich                     | State<br>RI   | Zip <b>X</b><br>O <b>X</b> 18 |              |  |
| Secretary Name   |              |               | Treasurer Name                   |               | ( -                           | <b>-</b> ₹1: |  |
| Ms. Judith Peterson  |              |               | Mr. F.T. Wo                      | 11011         | 96                            | 75           |  |
| Street Address   | Λ.           |               | Street Address                   |               | 20                            | 9 <b>`</b> - |  |
| 115 Overlook   | Drive        |               |                                  |               | 3                             | $C_{\infty}$ |  |
| Street Address 115 Ove; look City E.breenwich  | state<br>RI  | zφ<br>C2818   | Сиу                              | State         | 2009 <b>N</b> OV              |              |  |
| 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. 7:623                            |              |               |                                  |               |                               |              |  |
| Director Name  |              |               | Director Name                    |               | 20 <del>-</del>               |              |  |
| Mrs Merylyn Dishop   |              |               | Mr. Fi. Worrell, = 500           |               |                               |              |  |
| Street Address   |              |               | Street Address                   |               |                               |              |  |
| 42 Willa.  | of Street    | la.           | PO Box 1741                      |               | <u>N</u>                      | < <u>-</u> ! |  |
| Warrurek   | state RI     | 02889         | Ebreenwich                       | State RI      | Zip<br>DS 8 i                 | 18           |  |
| Director Name Tudith Peterson  |              |               | Director Name                    |               |                               |              |  |
| Street Address 115 Overlook Drive City E. breenwich State RI 240 248   |              |               | Street Address                   |               |                               |              |  |
| E. breenwich   | State RI     | zip<br>0 2818 | City                             | State         | Zip                           |              |  |
| 9. REGISTERED AGENT IN RHODE ISLAND  |              |               |                                  |               |                               |              |  |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78 |              |               |                                  |               |                               |              |  |
|  |              |               |                                  |               |                               |              |  |

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

| 10:21                          | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all |
|--------------------------------|--|
| File Daie FILED                | statements contained herein are true and correct.  Audit Vellula 11-2-07 Signature of Officer Date   |
| By:                            | Fint or Type Name of Officer   |
| FOR SECRETARY OF FATE USE ONLY | Title of Officer Form 631 Rev. 09/17   |