

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 2010

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.

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1. Corporate ID No.	1 " '	2. Name of Corporation				
28819		The Christ United Methodist Church				
3. State of Incorporation		4. Corporate address in Rhode Island - Street Address City			Zip	
RI	2291 Kingsto	wn Road P.O. Bo	x 1608	Kingston	02881	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the cha	aracter of the affairs which a	tre actually conducted in 1	thoda teland			
Religious Services co			would interfer			
			_			
Demoidant Name	ESSES OF THE OFFIC	ERS: ("X" BOX FOR A	TTACHMENT)   FILL IN SPA	ACES BEFORE USING ATT	ACHMENTS	
President Name			Vice President Name			
Diane Helfrich			Linda Gross			
Street Address 354 South Pier Road			Street Address			
City	State	120	1735 Ministerial R			
Narragansett	4	Zip	City	State	Zip	
Secretary Name	RI 02882		Wakefield	RI	02879	
Shannon Burgess			Treasurer Name			
Street Address	<del></del>		Carol H. Waller			
2377 Kingstown Road			Street Address			
City	State	120	202 Winchester Drive			
Kingston		Zip	City	State	Zip	
	RI	02882	Wakefield	[ RI	02879	
THE NUMBER OF BU	ESSES OF THE DIREC	TOKS: ("X" BOX FOR	ATTACHMENT) FILL IN SP.	ACES BEFORE USING ATT	TACHMENTS	
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLA!  Director Name			ND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Thrector Name			Director Name			
Reverend Thelma Nauth  Street Address			Douglas Burgess			
** ***			Street Address			
32 Grey Birch Court			2377 Kingstown Road			
•*	State	Zip	City	State	Zip	
Wakefield	RI	02879	Kingston	RI	02882	
Director Name <b>Marcia Miner</b>			Director Name		<del></del>	
Street Address	<del></del>	· · · · · · · · · · · · · · · · · · ·		<del></del>		
			Street Address			
30 Andre Avenue					<u></u>	
•	State	Zip	City	State	Zip	
Wakefield	RI	02879	I			
9. REGISTERED AGEN	I IN KHODE ISLAND					
This information is curre	ently of record in the O	ffice of the Secretary of	of State. Changes require filing	of Form 641 - R LC L 7.6	13/7 6 70	
This report	must be signed by eith	ner the President, Vic	e President, Secretary, Assista	ant Secretary, Treasurer, Re	eceiver or Trustee	

File Date	FILED
Check No	JUN 2 2010
Ву:	u 1805

28819

Under penalty of perjury, I declare and affirm the	at I have examined this
report, including any accompanying schedules and	statements, and that all
statements contained herein are true and correct.	
Carol H. Waller	6-1-10
Signature of Officer	Date
Carol A. Waller	
Print or Type Name of Officer	· · · · · · · · · · · · · · · · · · ·
Treasurer	
Title of Officer	