RI SOS Filing Number: 201064406450 Date: 06/28/2010 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of S*
Corporations Div
148 W. River St
Providence, RI 02904-261
401.222.3

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.***

1. Corporate ID No.	2. Name of Corporation		
30447	THE TRUSTEES FOR THE EPWORTH UNITED METHODIST CHURCH		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RHODE ISLAND	915 NEWPORT AVENUE	PAWTUCKET	02861
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

RELIGIOUS

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
KENNETH MATTESON	140 HIGHLAND AVENUE	CUMBERLAND	RI	02864
Vice President Name	**Street Address**	**City**	**State**	**Zip**
ROBIN HARRIS	24 CHANTILLY COURT	SEEKONK	MA	02771
Secretary Name	**Street Address**	**City**	**State**	**Zip**
JOVINA MORRISON	9 HARCOURT AVENUE	PAWTUCKET	RI	02861
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
DONALD F. JENKINS	165 PAVILION AVENUE	RUMFORD	RI	02916

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	Street Address	City	State	Zip
WILLIAM BISHOP	53 DAWSON STREET	PAWTUCKET	RI	02860
Director Name	**Street Address**	**City**	**State**	**Zip**
GILBERT A. SLATER	25 BENJAMIN STREET	PAWTUCKET	RI	02861
Director Name				
PAUL GOUDREAU	912 NEWMAN AVENUE	SEEKONK	MA	02771
Director Name	**Street Address**	**City**	**State**	**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		
DONALD F. JENKINS			
Address	**City**	**Zip**	
165 PAVILION AVENUE	RUMFORD	02916-1111	

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

[redacted] [redacted]

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.

Donald Jenkins 6/26/2010
Signature of Officer *Date*

DONALD F. JENKINS
Print or Type Name of Officer

File Date 6-28-2010
Check No. 8311
By. MMC

[redacted]

50714-25-528818