

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 2011

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

penalty fee of \$25.00.							
1. Corporate ID No.	2. Name of Corporation						
31712	2. Name of Corporation The Trustees of Mathewson Street United Methodist Church 4. Corporate address in Rbode Island - Street Address City Zip						
3. State of Incorporation	4. Corporate address in F	Pbode Island - Street Address		City	Zip		
R <u>T</u>			TREGT	PROVIDENCE	02903		
5. Foreign corporation. Enter prin	cipal office address	•	City	State	Zip		
NONE							
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			Vice President Name				
AUDRIA C. JENNINGS			AL SEGUINI				
Street Address			Street Address				
7 DOANE AVENUE			421 FRUIT HILL AVENUE				
City	State	Zip	City	State	Zip		
PROVIDENCE	RI	62906	N. PROVIDENCE	RI	02911		
_ *			Treasurer Name				
BARBARA OSBORNE			JANE STEWART				
Street Address	.		Street Address	Street Address			
10 POTTER	PRIVE		3524 WEST S	HORE ROAD	#609		
City	State	Zip	City	State	Zip		
PROVIDENCE	RI	02907	I WARWICK	RI	02886		
8. NAMES AND ADDRESSES	OF THE DIRECTOR	RS: ("X" BOX FOR ATTA	, —		IMENTS		
	ORS OF A DOMESTI	C (RHODE ISLAND)	CORPORATION SHALL NOT E	<u>BE LESS THAN THREE</u>	(3). R.I.G.L. 7-6-23		
Director Name			Director Name				
ENNO FRITSCH			PAUL MEDICI				
Street Address			Street Address				
41 RADCLIFE	E AVENU		750 HIGH	STREET			
City	State	Zip	City	State	Zip		
PROVIDENCE	KI	02908	CUMBERLAND	RI	02864		
Director Name			Director Name				
ERIN MCCAI							
Street Address			Street Address				
-	TONI STREE			_			
City OCA II NITIOE	State P T	Ziφ	City	State	Zip		
O PROJETERED ACENT IN	RI RHODE ISLAND	02903	1	I	1		
SANZEN							
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							

File Date	FILED
Check No.	JUN 0 8 2011
B BY	2341
F	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have ex-	amined this
report, including any accompanying schedules and statements,	and that al
statements contained herein are true and correct.	11

States Contained notes and contect.

Audria C. Jennings 6/6/1

Signature of Officer Date

AUDRIA C JENNINGS

AUDRIA C JENNINGS
Print or Type Name of Officer

PRESIDENT (CHAIR) OF TRUSTEES