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 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.*

1. Corporate ID No.	2. Name of Corporation		
31712	the Trustees of Mathewson Street United Methodist Church		
3. State of Incorporation	**4. Corporate address in Rhode Island - Street Address**	**City**	**Zip**
RI	134 MATHEWSON STREET	PROVIDENCE	02903
5. Foreign corporation. *Enter principal 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 SEGUIN		
Street Address			**Street Address**		
7 DOANE AVENUE			421 FRUIT HILL AVENUE		
City	**State**	**Zip**	**City**	**State**	**Zip**
PROVIDENCE	RI	02906	N. PROVIDENCE	RI	02911
Secretary Name			**Treasurer Name**		
BARBARA OSBORNE			JANE STEWART		
Street Address			**Street Address**		
18 POTTER DRIVE			3524 WEST SHORE ROAD #609		
City	**State**	**Zip**	**City**	**State**	**Zip**
PROVIDENCE	RI	02907	WARWICK	RI	02886

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			Director Name		
ENNO FRITSCH			PAUL MEDICI		
Street Address			**Street Address**		
41 RADCLIFFE AVENUE			750 HIGH STREET		
City	**State**	**Zip**	**City**	**State**	**Zip**
PROVIDENCE	RI	02908	CUMBERLAND	RI	02864
Director Name			**Director Name**		
ERIN MCCARTHY					
Street Address			**Street Address**		
280 WASHINGTON STREET #313					
City	**State**	**Zip**	**City**	**State**	**Zip**
PROVIDENCE	RI	02903			

9. REGISTERED AGENT IN RHODE ISLAND

KEITH 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

[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.

Audria C. Jennings 6/6/11
Signature of Officer *Date*

AUDRIA C JENNINGS
Print or Type Name of Officer

PRESIDENT (CHAIR) OF TRUSTEES
Title of Officer

[redacted]

FILED

File Date _____

Check No. JUN 0 8 2011

BY 2341

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Form 631 Rev. 09/17