

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 Co	2. Name of Corporation				
30957		Sayles Memorial Congregational Church (UCC)				
3. State of Incorporation	4. Corporate a	4 Corporate address in Phode Island Street Address				
Rhode Island	185 Chap			Lincoln	Zip	
5. Foreign corporation. Enter principal office address			City	State	02865	
			1-3	State	Zip	
6. Brief Description of the ch	aracter of the affairs wh	ich are actually conducted in	Rhode Island			
Congregational Unite		•				
7. NAMES AND ADDI	RESSES OF THE OF	FICERS: ("X" BOX FOR	ATTACHMENT) 🗌 FILL IN SPA	CES BEFORE USING AT	TACHMENTS	
President Name			Vice President Name			
Robert Lyle			Jason Kirkpatrick			
Street Address 149 Chandler Ave			Street Address			
City	State Zip		307 Abbott Run Valley Road			
Pawtucket		Zip	City	State	Zip	
Secretary Name	RI	02860	Cumberland	RI	02864	
Kathryn Brown			Treasurer Name			
Street Address			Patricia Drisko			
1797 Louisquisset Pike			Street Address			
			13 Rosemont Ave			
Lincoln	RI	Zip	City	State	Zψ	
		02865	Pawtucket	RI	02861	
THE NUMBER OF DE	PECTOPS OF A DO	MECTORS: ( 'A" BOX FOR	ATTACHMENT) FILL IN SPA	ICES BEFORE USING AT	TACHMENTS	
Director Name	ALCIUMS OF A DO	MESTIC (KHODE ISLA	ND) CORPORATION SHALL	<u>NOT BE LESS THAN TH</u>	IREE (3). R.I.G.L. 7-6-23	
			Director Name			
Robert Mathewson Street Address			Deborah Dogal			
70 Carriage Drive			Street Address			
772			200 Heroux Blvd #1902			
Lincoln	RI	Zip	City	State	Zip	
Director Name	<u> </u>	02865	Cumberland	RI	02864	
Richard Tucker			Director Name			
Street Address	<u> </u>					
19 Cooper Drive			Street Address			
City	State	Zip	City			
Lincoln	RI	02865	City	State	Zip	
9. REGISTERED AGEN	T IN RHODE ISLAI	02000 ND	•		İ	
This information is curre	ently of record in the	Office of the Secretary of	of State. Changes require filing of	of Form 641 - R.I.G.L. 7-6	-13/7-6-78	
			e President, Secretary, Assistar			
1opoit	be signed by	cition the freshtell, vic	e riesident, Secretary, Assistai	nt Secretary, Treasurer, R	eceiver or Trustee	

30957	Under penalty of perjury, I declare and affirm that I have examined this
File Date  JUL 2 1 2011  Check No.	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  Signature of Officer  Patricia Drisko
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer  Treasurer  Title of Officer  Form 631 Rev. 09/17