



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

Filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 29673		2. Exact name of the Corporation SPRING GREEN MEMORIAL CHURCH			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island CHURCH			
5. Principal office address 1350 WARWICK AVENUE			City WARWICK	State RI	Zip 02888
President Name GLENN SYKES					
Vice-President Name RICHARD AUSTIN					
Street Address 2060 WARWICK AVENUE			Street Address 100 PAINE STREET		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Secretary Name LINDA FORSTER			Treasurer Name CAROL LINDBERG		
Street Address 311 LANDSDOWNE ROAD			Street Address 95 SUNDALE ROAD		
City WARWICK	State RI	Zip 02888	City CRANSTON	State RI	Zip 02921
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name LOU-ANN LAPORTE			Director Name JANET JONES		
Street Address 40 ABBEY AVENUE			Street Address 5 WILDROSE COURT		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
Director Name HEATHER LYNCH			Director Name		
Street Address 43 WILDROSE COURT			Street Address		
City WARWICK	State RI	Zip 02888	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED
JUN 07 2012

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File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Carol Lindberg 6-7-2012
Signature of Officer Date

CAROL LINDBERG

Print or Type Name of Officer

TREASURER

Title of Officer