



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 **2011**

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. 000031358		2. Exact name of the Corporation Riverpoint Congregational Church			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Non-Profit Christian house of worship			
5. Principal office address 75 Providence Street		City West Warwick		State RI	Zip 02893
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Lawrence R. Leonard			Vice-President Name		
Street Address 80 Shady Hill Drive			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Hampton R. Woodhouse			Director Name James A. Casavant		
Street Address 67 Ben Brown Road Ave.			Street Address 8 Bratt Lane		
City Hope	State RI	Zip 02831	City 8 Bratt Lane	State RI	Zip 02893
Director Name Sandra M. Leonard			Director Name		
Street Address 80 Shady Hill Drive			Street Address		
City West Warwick	State RI	Zip 02893	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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

DEC 12 2012

BY **CL185337**

10:51

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.

Lawrence R. Leonard 09 Dec 2012
Signature of Officer Date

Lawrence R. Leonard
Print or Type Name of Officer

President
Title of Officer