



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 2013

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. 31082		2. Exact name of the Corporation PROVIDENCE PRESBYTERIAN CHURCH, PRESBYTERIAN CHURCH (USA)			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island WORSHIP, CHRISTIAN EDUCATION, SPIRITUAL GROWTH, COMMUNITY MINISTRY			
5. Principal office address 500 HOPE STREET			City PROVIDENCE	State RI	Zip 02906
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROBERT SMANIK			Vice-President Name JENNY SURGENOR		
Street Address 263 WOLF DEN ROAD			Street Address 17 ELEVENTH ST.		
City BROOKLYN	State CT	Zip 06234	City PROVIDENCE	State RI	Zip 02906
Secretary Name LORI GIRARD			Treasurer Name S. BROOK MOLES		
Street Address 140 BURGESS AVE			Street Address 125 PROGRESS ST.		
City PAWTUCKET	State RI	Zip 02864	City PAWTUCKET	State RI	Zip 02860
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 ED FITZPATRICK			Director Name LETICIA TETU		
Street Address 61 VASSAR AVE			Street Address 45 MESSINA ST		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02908
Director Name MARK WEBER			Director Name GINA GALE		
Street Address 175 NINTH ST			Street Address 3 PRESIDENT AVE		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
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
MAY 13 2013

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.

Signature of Officer S. Brook Moles Date 5.12.2013
 Print or Type Name of Officer S. Brook Moles
 Title of Officer Treasurer