



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. 86890		2. Exact name of the Corporation BENJAMIN CHURCH DEVELOPMENT CORP.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To develop and manage low income housing.			
5. Principal office address Manor Drive		City Bristol	State RI	Zip 02809	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (ATTACHMENT) <input type="checkbox"/>					
President Name Gerald P. Romano		Vice-President Name Domenic C. Canna			
Street Address Unit A-1 Bristol Woods Drive		Street Address 117 Beach Road			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name M. Candace Pansa		Treasurer Name John M. Day			
Street Address 46 Clipper Way		Street Address 31 Michael Drive			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Gerald P. Romano		Director Name John M. Day			
Street Address Unit A-1 Bristol Woods Drive		Street Address 31 Michael Drive			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Domenic C. Canna		Director Name John E. Faria			
Street Address 117 Beach Road		Street Address 1039 Hope Street			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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

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MAY 22 2013

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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.

M. Candace Pansa 5/20/13
Signature of Officer Date

M. Candace Pansa
Print or Type Name of Officer

Secretary
Title of Officer

Additional Directors

Charles E. Millard
620 Hope Street
Bristol, RI 02809

Linda Silveira
7 Howe Street
Bristol, RI 02809

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BY ED 86890