



Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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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. 28016		2. Exact name of the Corporation Buttonwood Beach Chapel			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Religious services and related activities			
5. Principal office address 2 Ninth Avenue		City Warwick		State RI	Zip 02886
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Clair Flaherty		Vice-President Name Nancy Dorsey			
Street Address 936 Buttonwoods Ave		Street Address 5 Ninth Avenue			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Kathleen Falaguerra		Treasurer Name Carolyn McGillivray			
Street Address 70 Ninth Avenue		Street Address 309 Promenade Avenue			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Christine Alibrandi		Director Name Nancy Dickerman			
Street Address 976 Buttonwoods Avenue		Street Address 1102 Buttonwoods Avenue			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Susan Remick		Director Name Rebecca Galle			
Street Address 42 Ninth Avenue		Street Address 27 Eleventh Avenue			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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 **6-1-13**

Check No **118**

By: *Carolyn McGillivray*

FOR SECRETARY OF STATE USE ONLY

FILED

MAY 29 2013

BY **118**

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.

Carolyn A. McGillivray **6-1-13**
Signature of Officer Date

Carolyn McGillivray
Print or Type Name of Officer

Treasurer

Title of Officer