



**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

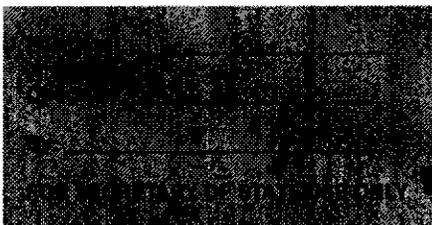
## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

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. <b>28105</b>		2. Exact name of the Corporation <b>CALVARY UNITED METHODIST CHURCH</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>RELIGIOUS CHURCH</b>			
5. Principal office address <b>200 TURNER ROAD</b>		City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	
President Name <b>JOHN BUEHLER</b>		Vice-President Name <b>GLENN SUGAWARA</b>			
Street Address <b>100 ALLSTON AVE</b>		Street Address <b>328 MCCORIE LN</b>			
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
Secretary Name <b>WENDY DRYSDALE</b>		Treasurer Name <b>DICK ADAMS</b>			
Street Address <b>ST GEORGE'S SCHOOL</b>		Street Address <b>240 ISLAND DRIVE</b>			
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
Director Name <b>AMY ALLETZHAUSER</b>		Director Name <b>JOHN BUEHLER</b>			
Street Address <b>24 JIB COURT</b>		Street Address <b>100 ALLSTON AVE</b>			
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
Director Name <b>FRANK FREELAND</b>		Director Name <b>GLENN SUGAWARA</b>			
Street Address <b>3 BARTON LN</b>		Street Address <b>328 MCCORIE LN</b>			
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
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 10 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.

*John Buehler*  
 Signature of Officer

29 MAY 2013

Date

**JOHN BUEHLER**

Print or Type Name of Officer

**PRESIDENT**

Title of Officer