



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 2014

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. 30519		2. Exact name of the Corporation WOODRIDGE CONGREGATIONAL UNITED CHURCH OF CHRIST			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island CHURCH			
5. Principal office address 20 JACKSON RD		City CRANSTON	State RI	Zip 02920	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name KENNETH KINOIAN		Vice-President Name NONE			
Street Address 140 SUFFOLK DR		Street Address			
City N KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name PATRICIA FORTIER		Treasurer Name RAYMOND PERROTTA			
Street Address 33 GREEN ST		Street Address 2242 CRANSTON ST			
City W WARWICK	State RI	Zip 02893	City CRANSTON	State RI	Zip 02920
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 RICHARD THERRIEN		Director Name DIANNE CAVANAUGH			
Street Address 24 FIR GLAD RD		Street Address 256 SLEEPY HOLLOW RD			
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Director Name COURTNEY LOMBARDI		Director Name DEBRAH SCIPIONE			
Street Address 40 SAGAMORE RD		Street Address 195 SISSON ST			
City CRANSTON	State RI	Zip 02920	City PROVIDENCE	State RI	Zip 02909
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 JUN 14 2013

FILED MB

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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.

Kenneth Kinoian 6/13/2013
 Signature of Officer Date

KENNETH KINOIAN
 Print or Type Name of Officer

MODERATOR
 Title of Officer

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 JUN 14 2013
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 SECRETARY OF STATE
 CORPORATIONS DIV