



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000030409

2. Name of Corporation PORTSMOUTH UNITED METHODIST CHURCH

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 2732 EAST MAIN ROAD

P.O. BOX 265

City or Town: PORTSMOUTH

State: RI Zip: 02871 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

MAY SESSION 1871, RELIGIOUS, THE AFFAIRS OF THE CHURCH.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	WILLIAM DRAPER WOOD	226 ROLLING HILL ROAD PORTSMOUTH, RI 02871 USA
TREASURER	LINDA E WOOD	226 ROLLING HILL ROAD PORTSMOUTH, RI 02871 USA

SECRETARY	DAVID BROCK	24 ISLAND AVE PORTSMOUTH, RI 02871 USA
VICE PRESIDENT	DAVID BESSETTE	432 WATER STREET PORTSMOUTH, RI 02871 USA
DIRECTOR	JOHN FARLEY	30 LONG MEADOW RD PORTSMOUTH, RI 02871 USA
DIRECTOR	ROBERT JOHNSON	104 BLUEBERRY LANE TIVERTON, RI 02878 USA
DIRECTOR	DARLENE L CROW	83 JOANN AVE PORTSMOUTH, RI 02871 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

R. DAV ID HUTCHINSON 2732 EAST MAIN ROAD P.O. BOX 265 PORTSMOUTH , RI 02871

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 17 Day of May, 2014 at 4:45:45 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By LINDA E WOOD
Signature of Authorized Person

Form No. 631
Revised 09/07

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