



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

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. 30271		2. Exact name of the Corporation St. Mark Evangelical Lutheran Church			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Religious Organization			
5. Principal office address 871 Harris Ave.			City Woonsocket	State RI	Zip 02895
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name James Schultz			Vice-President Name Christine Watson		
Street Address 19 Scarborough Rd			Street Address 3 Kempton Rd		
City Cumberland	State RI	Zip 02895	City Millville	State MA	Zip 01529-1582
Secretary Name Sandra Ferria			Treasurer Name Paul Donoughe		
Street Address P.O. Box 1322			Street Address 11 Spinning Wheel Drive		
City Woonsocket	State RI	Zip 02895-4028	City Uxbridge	State MA	Zip 01569
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 checked="" type="checkbox"/>					
Director Name Kelly Gillis			Director Name Judy Helm		
Street Address 300 Main St			Street Address 20 Forest View Dr		
City Blackstone	State MA	Zip 01504	City Cumberland	State RI	Zip 02864
Director Name Tom Wood			Director Name Robert Marcil		
Street Address 7 Jester's Way			Street Address 9 Homestead Rd		
City Uxbridge	State MA	Zip 01569	City Cumberland	State RI	Zip 02864
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY BY _____

FILED

MAY 21 2014

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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.

Paul Donoughe
 Signature of Officer or Authorized Representative

05/17/2014

Date

Paul Donoughe - Treasurer

Print or Type Name of Officer or Authorized Representative