



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. <u>20812</u>		2. Exact name of the Corporation <u>North Kingstown United Methodist Church</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>religious organization</u>			
5. Principal office address <u>450 Boston Neck Road</u>		City <u>North Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>Peter Pelligrino</u>			Vice-President Name <u>N/A</u>		
Street Address <u>450 Boston Neck Road</u>			Street Address		
City <u>N. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City	State	Zip
Secretary Name <u>Marsha Taylor</u>			Treasurer Name <u>Jan Brown</u>		
Street Address <u>450 Boston Neck Road</u>			Street Address <u>450 Boston Neck Road</u>		
City <u>N. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>North Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>
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 <u>Paula Wilberger</u>			Director Name <u>Jay Sperry</u>		
Street Address <u>450 Boston Neck Road</u>			Street Address <u>450 Boston Neck Road</u>		
City <u>N. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>N. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>
Director Name <u>Robert Mason</u>			Director Name <u>Rev. Lorene Cldredge</u>		
Street Address <u>450 Boston Neck Road</u>			Street Address <u>450 Boston Neck Rd.</u> <u>North Kingstown</u>		
City <u>N. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City	State <u>RI</u>	Zip <u>02852</u>
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

FILED

JUN 03 2014

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.

Jan Brown _____
 Signature of Officer or Authorized Representative Date 5/21/14

BY Jan Brown
 Print or Type Name of Officer or Authorized Representative