



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. 28107		2. Exact name of the Corporation LUTHERAN CHURCH OF THE GOOD SHEPHERD			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island WORSHIP GOD			
5. Principal office address 383 OLD NORTH RD		City KINGSTON	State RI	Zip 02881	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ARLENE PHILLIPS			Vice-President Name ELISABETH VERGUN		
Street Address 129 WHISPERING PINE WAY			Street Address 195 EXETER RD		
City EXETER	State RI	Zip 02822	City N KINGSTOWN	State RI	Zip 02852
Secretary Name AVIS O'NEILL			Treasurer Name JOHN BELL		
Street Address 38 MEADOW ST			Street Address 12 ROSE CT		
City WAKEFIELD	State RI	Zip 02879	City NARRAGANSETT	State RI	Zip 02882
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name ARLENE ANDERSON			Director Name JEFFREY CRARY		
Street Address 247 AUDUBON RD			Street Address 143 WESTWIND RD		
City N KINGSTOWN	State RI	Zip 02852	City WAKEFIELD	State RI	Zip 02879
Director Name DAN KIMBER			Director Name BOB HUNTER		
Street Address 18 MISTY CT			Street Address 22 COLE DR		
City WAKEFIELD	State RI	Zip 02879	City N KINGSTOWN	State RI	Zip 02852
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

FILED

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JUN 03 2014
3000
BY _____

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.

Signature of Officer or Authorized Representative

Date

JOHN P. N. BELL
Print or Type Name of Officer or Authorized Representative

NANCY MOWBRAY

25 ARROWHEAD TRAIL

WAKEFIELD, RI 02879

ANN SENERCHIA

37 GEORGE ST

WAKEFIELD, RI 02879