



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. <i>28401</i>		2. Exact name of the Corporation Central Congregational Church			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Religious Organization			
5. Principal office address 296 Angell Street		City Providence	State RI	Zip 02906	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Rebecca L. Spencer			Vice-President Name Wendy Drumm		
Street Address 15 Taber Avenue			Street Address 475 Rochambeau Ave		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name May Grant			Treasurer Name John Boyce		
Street Address 85 Oakland Avenue			Street Address 25 Drown Parkway		
City Seekonk	State MA	Zip 02771	City Rumford	State RI	Zip 02916
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 Elizabeth Viall			Director Name Barbara Trainor		
Street Address 138 Terrace Avenue			Street Address 130 Lakeview Drive		
City Riverside	State RI	Zip 02915	City Providence	State RI	Zip 02910
Director Name Robert Edwards, Jr.			Director Name		
Street Address 9 Linden Dr			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
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

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.

FILED

John Boyce, Treasurer 6/6/2014
 Signature of Officer or Authorized Representative Date

JUN 06 2014

John Boyce
 Print or Type Name of Officer or Authorized Representative

BY 14401