



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. 29662		2. Exact name of the Corporation Perryville Bible Church			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island it is a church			
5. Principal office address 220 Moonstone Beach Rd		City Wakefield	State RI	Zip 02879	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name James Menzies			Vice-President Name NONE		
Street Address 2377 Post Rd			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Heather Mills			Treasurer Name Sylvia Whaley		
Street Address 1933 Ministerial Rd			Street Address 1919 Ministerial Rd		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Wayne Seekell			Director Name Samuel Whaley, Jr.		
Street Address 112 Old Mill Rd			Street Address 1919 Ministerial Rd		
City Charlestown	State RI	Zip 02813	City Wakefield	State RI	Zip 02879
Director Name Charles Radl			Director Name NONE		
Street Address 23 Sand Hill Rd			Street Address		
City Charlestown	State RI	Zip 02813	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

FILED

File Date _____

Check No _____

By: _____

JUN 12 2014
Heather Mills

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.

Heather D. Mills **6/9/2014**
 Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Heather D. Mills, Secretary
 Print or Type Name of Officer or Authorized Representative