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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.	2. Exact name of the Corporation
29050	The Parish of St. James Church
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: Episcopal Church

5. Principal office address	City	State	Zip
474 Fruit Hill Ave	N. Providence	RI	02911

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Peter A. Bak	
Street Address: 460 Atlantic Ave	Street Address
City: Warwick, State: RI, Zip: 02888	City, State, Zip
Secretary Name: Joan Collins	Treasurer Name
Street Address: 29 Audobon Ave.	Street Address
City: Providence, State: RI, Zip: 02908	City, State, Zip

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Peter A. Bak	Deb Kintzing
Street Address: 460 Atlantic ~~Blvd~~ Ave.	Street Address: 1800 Douglas Ave. #126
City: Warwick, State: RI, Zip: 02888	City: N. Providence, State: RI, Zip: 02904
Director Name: Carol Stoner	Director Name
Street Address: 54 Atlantic Blvd.	Street Address
City: N. Providence, State: RI, Zip: 02911	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

FILED
JUN 19 2014
BY 5306

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.

Peter A. Bak — 6/15/14
Signature of Officer or Authorized Representative — Date

PETER A. BAK SENIOR WARDEN
Print or Type Name of Officer or Authorized Representative

108397-13-953255