



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 **2010**

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. DNP-30333		2. Exact name of the Corporation PORTSMOUTH EVANGELICAL FRIENDS CHURCH			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island an active church which provides worship services, religious instruction and engages in charitable work			
5. Principal office address 11 Middle Road			City Portsmouth	State RI	Zip 02871
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name George Clauer			Vice-President Name		
Street Address 146 Cory's Lane			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name Rachel Richards			Treasurer Name Christal Clauer		
Street Address 191/2 Annandale Rd			Street Address 146 Cory's Lane		
City Newport	State RI	Zip 02840	City Portsmouth	State RI	Zip 02871
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 Richard Lauder			Director Name Jack Humble		
Street Address 65 Brackett Av			Street Address 1756 West Main Road		
City Tiverton	State RI	Zip 02878	City Portsmouth	State RI	Zip 02871
Director Name Thomas Nevitts			Director Name		
Street Address 38 Sherman Lane			Street Address		
City Portsmouth	State RI	Zip 02842	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 27 2014
 By 007441
 A.A. 1:48pm
 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: George Clauer Jr
 Date: 27 June 14
 Print or Type Name of Officer or Authorized Representative