



**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. 28494		2. Exact name of the Corporation The Rector, Wardens + Vestry of the 'Chapel of St. John the Divine	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Episcopal Church	
5. Principal office address PO Box 514		City Saunderstown	State RI
		Zip 02874	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Jean Bowerman		Vice-President Name Ken Cahill	
Street Address 10 Enwright Ct.		Street Address 160 Caddy Rock Rd	
City Exeter	State RI	Zip 02822	City W. Kingstown
			State RI
			Zip 02874
Secretary Name Perry Moylan		Treasurer Name Linda Rockwell	
Street Address 58 Crosswinds Dr.		Street Address 455 Sand Turn Rd	
City Saunderstown	State RI	Zip 02874	City W. Kingstown
			State RI
			Zip 02892
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 Anne O'Neil		Director Name Lillian Dunning	
Street Address 155 cliff rd.		Street Address 135 ferry Rd	
City Narragansett	State RI	Zip 02882	City Saunderstown
			State RI
			Zip 02874
Director Name Thomas Walsh		Director Name maureen Johnson	
Street Address 138 Treasure Rd		Street Address PO Box 148	
City Narragansett	State RI	Zip 02882	City Saunderstown
			State RI
			Zip 02874
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 \_\_\_\_\_

**FILED**

Check No \_\_\_\_\_

JUL 01 2014

By: \_\_\_\_\_

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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.

Jean Bowerman 6/16/14  
 Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Jean Bowerman  
 Print or Type Name of Officer or Authorized Representative