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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 2015

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
31244	Cumberland Community Methodist Church
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	Church - Religious Organization

5. Principal office address	City	State	Zip
c/o 33 West Barrows ST	Cumberland	RI	02864

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

President Name	Vice-President Name
Bradford Hunt	
Street Address: 280 Bryant ST	Street Address:
City: Cumberland State: RI Zip: 02864	City: State: Zip:
Secretary Name	**Treasurer Name**
Susan Livesey	William Livesey
Street Address: 52 Rolling Acres Dr	Street Address: 52 Rolling Acres Dr
City: Cumberland State: RI Zip: 02864	City: Cumberland State: RI Zip: 02864

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
Bradford Hunt	William Livesey
Street Address: 280 Bryant ST	Street Address: 52 Rolling Acres Dr
City: Cumberland State: RI Zip: 02864	City: Cumberland State: RI Zip: 02864
Director Name	**Director Name**
Susan Livesey	Robert Peterson
Street Address: 52 Rolling Acres Dr	Street Address: 310 Vine ST
City: Cumberland State: RI Zip: 02864	City: Pawtucket State: RI Zip: 02861

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
MAY 04 2015
BY 1450

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.

William Livesey 4/30/15
Signature of Officer or Authorized Representative Date

William Livesey
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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