



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. 30774		2. Exact name of the Corporation The Zabriskie Memorial Church of St. John the Evangelist, Newport, RI			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Episcopal church within the Episcopal Diocese of Rhode Island providing religious services.			
5. Principal office address 61 Poplar Street		City Newport		State RI	Zip 02840
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Walter Chase		Vice-President Name Cyeryl Abney			
Street Address 54 Valley Lane		Street Address 12 Summer Street			
City Portsmouth	State RI	Zip 02871	City Newport	State RI	Zip 02840
Secretary Name Ann Green Boyer		Treasurer Name Edward L. Carnes			
Street Address 25 Dorothy Street		Street Address 30 Wintergreen Drive			
City Portsmouth	State RI	Zip 02871	City Middletown	State RI	Zip 02842
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Robert Regalbuto		Director Name John Garagliano			
Street Address 119 Carroll Avenue		Street Address 22 Wood Road			
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
Director Name Linda Nalle		Director Name James McGovern			
Street Address 17 Debra Drive		Street Address 92 A Iroquios Road			
City Portsmouth	State RI	Zip 02871	City Narragansett	State RI	Zip 02882
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

MAY 04 2015

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

BY 11446

Edward L. Carnes

6/1/2015

Signature of Officer or Authorized Representative

Date

Edward L. Carnes

Print or Type Name of Officer or Authorized Representative

The Zabriskie Memorial Church of St. John the Evangelist
61 Poplar Street
Newport, RI 02840

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Director Name				
Patricia Dresser				
Street Address				
502 Broadway				
City	State		Zip	
Newport	RI		02842	

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MAY 04 2015
BY 30774