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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
28819	THE CHRIST UNITED METHODIST CHURCH
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
R.I.	RELIGIOUS SERVICES CONDUCTED BY REV. TWILA BROADWAY

5. Principal office address	City	State	Zip
2291 KINGSTOWN RD. P.O. BOX 1608	KINGSTON	R.I.	02881

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

President Name	Vice-President Name
JOSEPH WALLER	LINDA GROSS
Street Address: 202 Winchester Drive	Street Address: 1735 Ministerial Road
City: Wakefield, State: R.I., Zip: 02879	City: Wakefield, State: R.I., Zip: 02879
Secretary Name	**Treasurer Name**
MARCIA MINER	CAROL WALLER
Street Address: 30 ANDRE AVENUE	Street Address: 202 Winchester Drive
City: WAKEFIELD, State: R.I., Zip: 02879	City: Wakefield, State: R.I., Zip: 02879

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
REV TWILA BROADWAY	DOUGLAS BURGESS
Street Address: 32 GREY BIRCH COURT	Street Address: 2377 KINGSTOWN ROAD
City: WAKEFIELD, State: R.I., Zip: 02879	City: KINGSTON, State: R.I., Zip: 02881
Director Name	**Director Name**
KEITH BAGLEY	
Street Address: P.O. BOX 58	Street Address:
City: WAKEFIELD, State: R.I., Zip: 02880	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: _____

FILED
MAY 18 2015

FOR SECRETARY OF STATE USE ONLY

BY 2775

Form No. 631
Revised: 04/2014

120971-8-1034242

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.

Carol Waller 5-5-15
Signature of Officer or Authorized Representative Date

CAROL WALLER
Print or Type Name of Officer or Authorized Representative