



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. <u>28819</u>		2. Exact name of the Corporation <u>THE CHRIST UNITED METHODIST CHURCH</u>	
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>RELIGIOUS SERVICES CONDUCTED BY REV. TWILA BROADWAY</u>	
5. Principal office address <u>2291 KINGSTOWN RD. P.O. BOX 1608</u>		City <u>KINGSTON</u>	State <u>R.I.</u> Zip <u>02881</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name <u>JOSEPH Waller</u>		Vice-President Name <u>LINDA GROSS</u>	
Street Address <u>202 Winchester Drive</u>		Street Address <u>1735 MINISTERIAL ROAD</u>	
City <u>Wakefield</u>	State <u>R.I.</u> Zip <u>02879</u>	City <u>Wakefield</u>	State <u>R.I.</u> Zip <u>02879</u>
Secretary Name <u>MARCIA MINER</u>		Treasurer Name <u>CAROL WALLER</u>	
Street Address <u>30 ANDRE AVENUE</u>		Street Address <u>202 Winchester Drive</u>	
City <u>WAKEFIELD</u>	State <u>R.I.</u> Zip <u>02879</u>	City <u>WAKEFIELD</u>	State <u>R.I.</u> Zip <u>02879</u>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name <u>REV TWILA BROADWAY</u>		Director Name <u>DOUGLAS BURGESS</u>	
Street Address <u>32 GREY BIRCH COURT</u>		Street Address <u>2377 KINGSTOWN ROAD</u>	
City <u>WAKEFIELD</u>	State <u>R.I.</u> Zip <u>02879</u>	City <u>KINGSTON</u>	State <u>R.I.</u> Zip <u>02881</u>
Director Name <u>KEITH BAGLEY</u>		Director Name	
Street Address <u>P.O. BOX 58</u>		Street Address	
City <u>WAKEFIELD</u>	State <u>R.I.</u> Zip <u>02880</u>	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: _____

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BY 2775

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