



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

2015

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 30447		2. Exact name of the Corporation THE TRUSTEES FOR THE EPWORTH UNITED METHODIST CHURCH			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island RELIGIOUS			
5. Principal office address 915 NEWPORT AVENUE		City PAWTUCKET		State RI	Zip 02861
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name KENNETH MATTESON			Vice-President Name ROBIN HARRIS		
Street Address 140 HIGHLAND AVENUE			Street Address 24 CHANTILLY COURT		
City CUMBERLAND	State RI	Zip 02864	City SEEKONK	State MA	Zip 02771
Secretary Name DOROTHY HANIFORD			Treasurer Name BARBARA GILLESPIE		
Street Address 70 WHITTIER ROAD			Street Address 39 SARATOGA AVENUE		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
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 type="checkbox"/>					
Director Name WILLIAM BISHOP			Director Name GILBERT SLATER		
Street Address 53 DAWSON STREET			Street Address 25 BENJAMIN STREET		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
Director Name PAUL GOUDREAU			Director Name ARTHUR PRESCOTT		
Street Address 912 NEWMAN AVENUE			Street Address 45 MAPLEWOOD DRIVE		
City SEEKONK	State MA	Zip 02771	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 29 2015

BY 8797

Form No. 631
Revised: 04/2014

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.

Signature of Officer or Authorized Representative

5/12/2015

Date

BARBARA GILLESPIE

Print or Type Name of Officer or Authorized Representative