



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. 30575		2. Exact name of the Corporation UNION CHURCH OF CHEPACHET			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Religious			
5. Principal office address 1138 Putnam Pike			City Chepachet	State RI	Zip 02814
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David Chace			Vice-President Name James Chase		
Street Address 54 Chopmist Hill Road			Street Address 169 Stillwater Road		
City Chepachet	State RI	Zip 02814	City Smithfield	State RI	Zip 02917
Secretary Name Debra Servello			Treasurer Name Thomas Gerseny		
Street Address 128 Olney Keach Road			Street Address 117 Reservoir Road		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Bruce Rylah			Director Name Paul Carlson		
Street Address 60 George Eddy Road			Street Address 119 State Avenue		
City Pascoag	State RI	Zip 02859	City Rogers	State CT	Zip 06263
Director Name Alan Gustafson			Director Name John Barnes		
Street Address 177 Absalona Hill Road			Street Address 249 Chase Road		
City Chepachet	State RI	Zip 02814	City Putnam	State CT	Zip 06260
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

JUN 04 2015

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.

File Date _____

Check No _____

BY 9125

Thomas P. Gerseny 6/1/2015
 Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Thomas P. Gerseny
 Print or Type Name of Officer or Authorized Representative