



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.

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|---|--------------------|---|--------------------|
| 1. Entity ID No. 125492 | | 2. Exact name of the Corporation CORNERSTONE of FAITH UNITED METHODIST CHURCH | |
| 3. State of Incorporation Rhode Island | | 4. Brief description of the character of business conducted in Rhode Island CORNERSTONE of FAITH IS A LOCAL METHODIST CHURCH whose ACTIVITIES INCLUDE WEEKLY WORSHIP SERVICES and COMMUNITY OUTREACH. | |
| 5. Principal office address 1081 MAIN STREET | | City COVENTRY | State RI |
| | | Zip 02816 | |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| President Name GEORGE TABER (CHAIR of CHURCH COUNCIL, TRUSTEES) | | Vice-President Name DIANE AMBROSE (Lay LEADER) | |
| Street Address 34 WEST WARWICK AVENUE | | Street Address 3458 FLAT RIVER ROAD | |
| City WEST WARWICK | State RI | City COVENTRY | State RI |
| Zip 02883 | | Zip 02816 | |
| Secretary Name CAROL HUBSCHMITT (SECRETARY of CHURCH COUNCIL) | | Treasurer Name BRUCE K. GASKILL | |
| Street Address 6 LANE 4, UNIT 42 | | Street Address 5 TERO DRIVE | |
| City COVENTRY | State RI | City COVENTRY | State RI |
| Zip 02816 | | Zip 02816 | |
| 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 JOHN MILLER (TRUSTEE TREAS.) | | Director Name JANE KEARNEY (TRUSTEE) | |
| Street Address 34 CLYDE STREET Apt. 2 | | Street Address 446 PHILLIPS HILL ROAD | |
| City WEST WARWICK | State RI | City COVENTRY | State RI |
| Zip 02893 | | Zip 02816 | |
| Director Name MARY HICKOX (TRUSTEE) | | Director Name JUDITH BEAUDOIN (TRUSTEE) | |
| Street Address 62 COLUMBIA AVENUE | | Street Address 490 SOWAMS ROAD | |
| City COVENTRY | State RI | City BARRINGTON | State RI |
| Zip 02816 | | Zip 02806 | |
| 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

File Date _____

Check No _____

By: _____ **BY** 2342

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.

Bruce K. Gaskill 28 May 2015
Signature of Officer or Authorized Representative Date

BRUCE K. GASKILL, TREASURER

Print or Type Name of Officer or Authorized Representative