



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. <b>125492</b>		2. Exact name of the Corporation <b>CORNERSTONE of FAITH UNITED METHODIST CHURCH</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>CORNERSTONE of FAITH IS A LOCAL METHODIST CHURCH WHOSE ACTIVITIES INCLUDE WEEKLY WORSHIP SERVICES AND COMMUNITY OUTREACH.</b>			
5. Principal office address <b>1081 MAIN STREET</b>		City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>GEORGE TABER (CHAIR of CHURCH COUNCIL, TRUSTEES)</b>			Vice-President Name <b>DIANE AMBROSE (Lay LEADER)</b>		
Street Address <b>34 WEST WARWICK AVENUE</b>			Street Address <b>3459 FLAT RIVER ROAD</b>		
City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02883</b>	City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
Secretary Name <b>CAROL HUBSCHMITT (SECRETARY of CHURCH COUNCIL)</b>			Treasurer Name <b>BRUCE K. GASKILL</b>		
Street Address <b>6 LANE 4, UNIT 42</b>			Street Address <b>5 TERO DRIVE</b>		
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
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 <b>JOHN MILLER (TRUSTEE/TREAS.)</b>			Director Name <b>JANE KEARNEY (TRUSTEE)</b>		
Street Address <b>34 CLYDE STREET Apt. 2</b>			Street Address <b>446 PHILLIPS HILL ROAD</b>		
City <b>WEST WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
Director Name <b>MARY HICKOX (TRUSTEE)</b>			Director Name <b>JUDITH BEAUDOIN (TRUSTEE)</b>		
Street Address <b>62 COLUMBIA AVENUE</b>			Street Address <b>490 SOWAMS ROAD</b>		
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>
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**

File Date \_\_\_\_\_

**JUN 04 2015**

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.

*[Signature]* 28 MAY 2015  
 Signature of Officer or Authorized Representative Date

**BRUCE K. GASKILL, TREASURER**

Print or Type Name of Officer or Authorized Representative