

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015.

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

penalty fee of \$25.00.					,	
1. Corporate ID No.	2. Name of Corp	2. Name of Corporation				
30825	St. Peter's	St. Peter's and Andrew's Church				
3. State of Incorporation	4. Corporate ad	4. Corporate address in Rhode Island - Street Address			Zip	
RI	25 Pomona	a Avenue		Providence	02908	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the char	acter of the affairs whic	ch are actually conducted in R	Rhode Island			
Religion services in the	Anglican/Episcop	palian Tradition				
7. NAMES AND ADDRE	SSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) FILL IN SPA	CES REFORE USING ATTA	CHMENTS	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR AT President Name			Vice President Name			
Rev. Dr. Joyce Penfield			Ken Taylor			
Street Address			Street Address			
25 Pomona Avenue			25 Pomona Avenue			
City	State	Zip	City	State	Zip	
Providence	RI	02908	Providence	RI	02908	
Secretary Name			Treasurer Name			
Sally Brito			Dorothy Lariviere			
Street Address			Street Address			
25 Pomona Avenue			25 Pomona Avenue			
City	State	Zip	City	State	Zip	
Providence	RI	02908	Providence	RI	02908	
			ATTACHMENT) FILL IN SPA			
THE NUMBER OF DIRE	CTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	NOT BE LESS THAN THR	EE (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Rev. Dr. Joyce Penfield			Arthur Thomas			
Street Address			Street Address			
25 Pomona Avenue			25 Pomona Avenue			
City	State	Zip	City	State	Zip	
Providence	RI	02908	Providence	RI	02908	
Director Name			Director Name			
Ken Taylor			Dorothy Lariviere			
Street Address			Street Address			
25 Pomona Avenue			25 Pomona Avenue			
City	State	Zip	City	State	Zip	
Providence	RI	02908	Providence	RI	02908	
9. REGISTERED AGENT	IN RHODE ISLAN	1D			A STATE OF THE STA	
This information is curren	tly of record in the	Office of the Secretary of	of State. Changes require filing of	of Form 641 - R.I.G.L. 7-6-1	3/7-6-78	
This report n	aust be signed by	either the President Vic	e President, Secretary, Assista	nt Secretary Treasurer Rec	Ceiver or Trustee	
2.110 10poit 11			- 1. 100100111, Doctotaly, 12551544	in occiousy, measures, Rec	portor or trustee	
		THE F	'n			
		FILE	LU .			

30825 BY	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
ile Date	statements contained herein are true and correct. Lloro by Elevicien (6515)
	Signature of Officer Date
heck No.	Dorothy Lariviere Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Treasurer Title of Officer

JUN 08 2015