



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

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.

**ANNUAL REPORT YEAR:** 2015

**1. Corporate ID No.** 000030463

**2. Name of Corporation** RISEM District of the Southern New England Annual Conference

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 12 BAY SPRING AVENUE

City or Town: BARRINGTON

State: RI Zip: 02806 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

CHURCH PROGRAM AND ADMINISTRATION

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	AMY ALLETZHAUSER	200 TURNER RD MIDDLETOWN, RI 02842 USA
TREASURER	SUSAN LEATHERWOOD	145 ROCKY WOODS ST TAUNTON, MA 02780 USA
SECRETARY	DEBBIE HUMM	19 PAQUIN RD

DIRECTOR	PHILIP VIAL	BARRINGTON, RI 02806 USA 128 FOOTE ST BARRINGTON , RI 02806 USA
DIRECTOR	SEOK HWAN HONG	235 CROSS ST SEEKONK, MA 02771 USA
DIRECTOR	LYNN MCCRACKEN	690 NATE WHIPPLE HWY CUMBERLAND, RI 02864 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

REV. GARY L. SHAW 12 BAY SPRING ROAD BARRINGTON , RI 02806

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 16 Day of June, 2015 at 2:29:23 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By SUSAN LEATHERWOOD  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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