RI SOS Filing Number: 201563569340 Date: 06/19/2015 4:00 PM

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.	2. Exact name of the Corporation
30271	**ST. MARK EVANGELICAL LUTHERAN CHURCH**
3. State of Incorporation **RI**	4. Brief description of the character of business conducted in Rhode Island **Religious Organization**

5. Principal office address	City	State	Zip
871 Harris Avenue	**Woonsocket**	**RI**	**02895**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Stephanie Roberts	**Kelly Gillis**
Street Address **110 Highland Street**	Street Address **300 Main Street**
City / State / Zip **Woonsocket / RI / 02895**	City / State / Zip **Blackstone / MA / 01504**
Secretary Name **Judy Helm**	Treasurer Name **Marilyn Banderet**
Street Address **20 Forest View Drive**	Street Address **10 Harvard Drive**
City / State / Zip **Cumberland / RI / 02864**	City / State / Zip **Milford / MA / 01757**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Robert Marcil	**Tom Wood**
Street Address **9 Homestead Road**	Street Address **7 Jester's Way**
City / State / Zip **Cumberland / RI / 02864**	City / State / Zip **Uxbridge / MA / 01569**
Director Name **Matthew Larson**	Director Name **Chris Porthouse**
Street Address **32 Wethersfield Road**	Street Address **94 Stella Road**
City / State / Zip **Bellingham / MA / 01019**	City / State / Zip **Bellingham / MA / 02019**

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

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 19 2015
BY 5431

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.

Marilyn Banderet — **06/16/2015**
Signature of Officer or Authorized Representative — Date

Marilyn Banderet - Treasurer
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

122180-4-1043956