RI SOS Filing Number: 201563569430 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
30519	WOODRIDGE CONGREGATIONAL UNITED CHURCH OF CHRIST
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	CHURCH

5. Principal office address	City	State	Zip
546 BUDLONG ROAD	CRANSTON	RI	02920

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

President Name	Vice-President Name
MARSHA S. SOUTHARD	NONE
Street Address: 34 WOOD COVE DRIVE	Street Address:
City: COVENTRY State: RI Zip: 02816	City: State: Zip:
Secretary Name: HOLLY COLE	Treasurer Name: RAYMOND PERROTTA
Street Address: 51 NORTH STREET	Street Address: 2242 CRANSTON STREET
City: CRANSTON State: RI Zip: 02920	City: CRANSTON State: RI Zip: 02920

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
LAURA DILLON	GRANT T. SOUTHARD
Street Address: 49 MARK ALLEN DRIVE	Street Address: 34 WOOD COVE DRIVE
City: WARWICK State: RI Zip: 02886	City: COVENTRY State: RI Zip: 02816
Director Name: DEBORAH SCIPIONE	Director Name: DEBORAH THERRIEN
Street Address: 195 SISSON STREET	Street Address: 24 FIR GLADE DRIVE
City: PROVIDENCE State: RI Zip: 02909	City: WARWICK State: RI Zip: 02886

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 19 2015
BY 1042

File Date _____
Check No _____
By: _____

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.

Marsha S. Southard 6.10.15
Signature of Officer or Authorized Representative Date

MARSHA S. SOUTHARD
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
122180-5-1043957