



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services



**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. 29067		2. Exact name of the Corporation Park Place Congregational United Church of Christ			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Religious, teaching a faith community, outreach in community			
5. Principal office address 71 Park Place Catherine Shute		City Pawtucket		State RI	Zip 02860
Street Address 8 Tappen Ave.		City Attleboro		State MA	Zip 02703
Secretary Name Karen McDonnell		City Pawtucket		State RI	Zip 02861
Street Address 27 Sowamsett Ave.		City Lincoln		State RI	Zip 02865
City Warren		City Lincoln		State RI	Zip 02865
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Catherine Shute		Director Name Lynn Usher			
Street Address see above		Street Address see above			
City		City			
State		State			
Zip		Zip			
Director Name William McMillan		Director Name Wayne Patenaude			
Street Address 2 Tobie Ave		Street Address 160 Water Street			
City Pawtucket		City Warren		State RI	Zip 02885
State RI		State RI			
Zip 02861		Zip 02885			
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: \_\_\_\_\_

**FILED**  
JUN 24 2015

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.

*Catherine A. Shute* 6/10/15  
Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY  
BY daab

Catherine Shute  
Print or Type Name of Officer or Authorized Representative