



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. 27270		2. Exact name of the Corporation The First Universalist Church of Burrillville			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Religious			
5. Principal office address		City	State	Zip	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kathy Hopkins Briere			Vice-President Name A Lucille Brown		
Street Address 950 Danielson Pike			Street Address 28 Stewart Court		
City North Scituate	State RI	Zip 02857	City Harrisville	State RI	Zip 02830
Secretary Name Betty Mencucci			Treasurer Name Mabel Hopkins		
Street Address 1777 Victory Highway			Street Address 175 Cherry Farm Road		
City Glendale	State RI	Zip 02826	City Harrisville	State RI	Zip 02830
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Eunice Young			Director Name Lenny Gianlorenzo		
Street Address 76 Reynolds Road			Street Address 491 Chapel Street		
City Chepachet	State RI	Zip 02814	City Harrisville	State RI	Zip 02830
Director Name Ashley Hopkins			Director Name		
Street Address 200 Pheasant Drive			Street Address		
City Mapleville	State RI	Zip 02839	City	State	Zip
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 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.

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

202

Betty Mencucci June 21, 2015
 Signature of Officer or Authorized Representative Date

BETTY MENCUCCI
 Print or Type Name of Officer or Authorized Representative