



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

2015

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 44412		2. Exact name of the Corporation St. Andrew Lutheran Church			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Church/religious congregation			
5. Principal office address 15 East Beach Road		City Charlestown	State RI	Zip 02813	
6. LIST ALL OFFICERS (NAME AND ADDRESS) (IF ADD. FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Melanie Goodwin		Vice-President Name Galen "Skip" Hoffman			
Street Address 85 Cedar Swamp Road		Street Address 25 Laurel Avenue			
City Charlestown	State RI	Zip 02813	City Westerly	State RI	Zip 02891
Secretary Name Patrick Orabone		Treasurer Name Laurie Roy			
Street Address 170 Black Pond Road		Street Address PO Box 75			
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
7. LIST ALL DIRECTORS (NAME AND ADDRESS). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (IF "X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Jean Fournier		Director Name Milton Ferguson			
Street Address 9 Covey Court		Street Address 45 Oak Road			
City Charlestown	State RI	Zip 02813	City South Kingstown	State RI	Zip 02879
Director Name Heather Simone		Director Name Zackary Stedman			
Street Address 190 Main Street		Street Address 510 Klondike Road			
City Westerly	State RI	Zip 02891	City Charlestown	State RI	Zip 02813
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

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.

Melanie Goodwin **6/15/2015**
 Signature of Officer or Authorized Representative Date

Melanie Goodwin, President
 Print or Type Name of Officer or Authorized Representative

JUL 1 2015
 BY 19372

Addendum to Annual Report, 2015
St. Andrew Lutheran Church
15 East Beach Road
Charlestown, RI 02813
Entity ID No.: 44412

Jeff Frazer
PO Box 355
Jamestown, RI 02835

Allen Leadbetter
16 Handel Road
Westerly, RI 02891

Greg Possemato
10 Sonquipaug Road
Charlestown, RI 02813

Nancy Tanner
9 King Philip Trail
Charlestown, RI 02813

Mary Raymond
125 Stone Land
Exeter, RI 02822

Joyce Wadbrook
10 Cherokee Bend
Charlestown, RI 02813

JUL 17 2015
BY #19372