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. 30362	2. Exact name of the Corporation Trinity Episcopal Church - N. Scituate, RI
3. State of Incorporation RI	4. Brief description of the character of business conducted in Rhode Island non-profit religious organization

5. Principal office address	City	State	Zip
251 Danielson Pike	Scituate	RI	02857

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

President Name	Street Address	City	State	Zip	Vice-President Name	Street Address	City	State	Zip
The Rev. Dr. Pamela S. Gregory	251 Danielson Pike	Scituate	RI	02857	Scott Fraser	9 Suddard Lane	Scituate	RI	02857

Secretary Name	Street Address	City	State	Zip	Treasurer Name	Street Address	City	State	Zip
Gail Harrison	80 Adams Street	North Providence	RI	02904	Elizabeth Segovis	199 Mountaindale Road	Smithfield	RI	02917

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

Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip
Donna Martel	11 Teakwood Drive	Johnston	RI	02919	Celia Petit	51 Hatherly Street	North Providence	RI	02911
John Morgan	14 Farrar Lane	Scituate	RI	02857	Linda Maynard	8 Cynthia Drive	Johnston	RI	02919

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 8:45 AM

File Date JUL 08 2015

Check No 252397 **By**

By: 2015 JUL -8 AM 8:45

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CORPORATIONS DIV

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.

KM The Rev. Dr. Pamela S. Gregory 6/25/15
Signature of Officer or Authorized Representative Date

The Rev. Dr. Pamela S. Gregory
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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