



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000036469

2. Name of Corporation Foster Rhode Island Clergy Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 81 EAST KILLINGLY ROAD

City or Town: FOSTER

State: RI Zip: 02825 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

ECUMENICAL RELIGIOUS AND HUMANITARIAN ACTIVITIES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	REV. BARRY P. ARRUDA	81 EAST KILLINGLY RD. FOSTER, RI 02825 USA
TREASURER	DOROTHY SHIPPEE	186 HARTFORD PIKE FOSTER, RI 02825 USA
VICE PRESIDENT	ROY SHIPPEE	186 HARTFORD PIKE

		FOSTER, RI 02825 USA
DIRECTOR	REV. BOB HOLLIS	59A BALCOLM RD. FOSTER, RI 02825 USA
DIRECTOR	REV. SCOTT KNOX	150 FOSTER CENTER RD. FOSTER, RI 02825 USA
DIRECTOR	REV. BETSY ALDRICH GARLAND	31 STRAND AVE. WARWICK, RI 02889 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

REV. BARRY P. ARRUDA 81 EAST KILLINGLY ROAD FOSTER , RI 02825

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 14 Day of August, 2015 at 3:19:45 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By REV. BARRY P. ARRUDA
Signature of Authorized Person

Form No. 631
Revised 09/07

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