RI SOS Filing Number: 201589002520 Date: 12/10/2015 9:48 AM

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. 000030864

2. Name of Corporation Corporation of St. Mathews Parish

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 87 NARRAGANSETT AVENUE, PO BOX 317
P.O. BOX 317
City or Town: JAMESTOWN State: RI Zip: 02835 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

CHURCH

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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. KEVIN LLOYD	67 MT. HOPE AVENUE JAMESTOWN, RI 02835 USA
SECRETARY	SUSAN S MCINTYRE	87 NARRAGANSETT AVE JAMESTOWN, RI 02835

0-5761-0

DIRECTOR	JOHN FLINTON DR.	843 NORTH MAIN RD JAMESTOWN, RI 02835 USA
DIRECTOR	ROBERT BAUER	405 SCHOONER AVE JAMESTOWN, RI 02835 USA
DIRECTOR	JAMES BREAKELL	49 GRINNELL STREET JAMESTOWN, RI 02835 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. KEVIN LLOYD 87 NARRAGANSETT AVENUE P.O. BOX 317 JAMESTOWN , RI 02835

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

Signed this 10 Day of December, 2015 at 9:50:29 AM 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 KEVIN M. LLOYD
Signature of Authorized Person

Form No. 631
Revised 09/07