



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. 29050		2. Exact name of the Corporation The Parish of St. James Episcopal Church			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island An member-church of the Episcopal Diocese of Rhode Island.			
5. Principal office address 474 Fruit Hill Avenue		City North Providence		State RI	Zip 02911
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Judy Mitchell		Vice-President Name Michaela Silvia			
Street Address 29 Hart Street		Street Address 160 Dyerville Avenue			
City Providence	State RI	Zip 02906	City Johnston, RI	State RI	Zip 02919
Secretary Name Joan Collins		Treasurer Name N/A			
Street Address 29 Audubon Avenue		Street Address			
City Providence	State RI	Zip 02908	City	State	
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 Rita Pignatelli		Director Name Barbara Sleboda			
Street Address 12 Metcalf Avenue		Street Address 181 Whipple Road			
City North Providence	State RI	Zip 02904	City Smithfield	State RI	Zip 02917
Director Name Joan Blair Skeffington		Director Name Carol Stoner			
Street Address 20 Elmcroft Avenue		Street Address 54 Atlantic Blvd			
City 401-521-8888	State	Zip	City North Providence	State RI	Zip 631-748-7270
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

9:11 AM

FILED

FEB 10 2016

By 267269

ICM

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.

Joan Collins
Signature of Officer or Authorized Representative

Date

Joan Collins

Print or Type Name of Officer or Authorized Representative