



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. 27215		2. Exact name of the Corporation First Christian Church of Coventry, R.I.	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island First Christian Church provides Sunday services & help to people assistance	
5. Principal office address 63 Vaughn Hollow Road		City Greene	State R.I.
		Zip 02827	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name JOANNE NEWTON		Vice-President Name GERALD DeNUCCIO	
Street Address 51 VICTORY HIGHWAY		Street Address 150 POTTER RD.	
City COVENTRY GREENE	State R.I.	City GREENE	State R.I.
Zip 02827		Zip 02827	
Secretary Name JEAN V. SALEMI		Treasurer Name PHYLLIS DEXTER	
Street Address 3 MANCHESTER CIRCLE, Apt 36		Street Address 54 MOOSUP VALLEY RD.	
City COVENTRY	State R.I.	City FOSTER	State R.I.
Zip 02816		Zip 02825	
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 MICHAEL ETHIER		Director Name LORRAINE SHAPPY	
Street Address P.O. BOX # 5054		Street Address 2886 VICTORY HIGHWAY	
City GREENE	State R.I.	City COVENTRY	State R.I.
Zip 02827		Zip 02816	
Director Name ROBIN PETRARCA		Director Name GERALD DeNUCCIO	
Street Address 105 HOPKIN'S HOLLOW RD.		Street Address 150 POTTER RD.	
City GREENE	State R.I.	City GREENE	State R.I.
Zip 02827		Zip 02827	
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

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Form No. 641

Revised: 04/2014

APR 21 2016

By 272784

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.

Signature of Officer or Authorized Representative
Jean V. Salemi, Secretary Date **11/11/2016**

Print or Type Name of Officer or Authorized Representative
JEAN V. SALEMI