

State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 \*FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation	
28819		THE CHRIST UNITED METHODIST CHURCH	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
R.I.		RELIGIOUS SERVICES CONDUCTED BY REV. TWILA BROADWAY	
5. Principal Office Address		City	State
2291 KINGSTOWN ROAD P.O. Box 1608		KINGSTON	R.I.
			02881
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name		Vice-President Name	
JOSEPH WALLER		LINDA GROSS	
Street Address		Street Address	
202 WINCHESTER DRIVE		1735 MINISTERIAL ROAD	
City	State	City	State
WAKEFIELD	R.I.	WAKEFIELD	R.I.
Zip		Zip	
02879		02879	
Secretary Name		Treasurer Name	
DIANE MILLER		CAROL WALLER	
Street Address		Street Address	
41 WHITE OAK COURT		202 WINCHESTER DRIVE	
City	State	City	State
WAKEFIELD	R.I.	WAKEFIELD	R.I.
Zip		Zip	
02879		02879	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
REV. TWILA BROADWAY		DOUGLAS BURGESS	
Street Address		Street Address	
32 GREY BIRCH COURT		2377 KINGSTOWN ROAD	
City	State	City	State
WAKEFIELD	R.I.	KINGSTON	R.I.
Zip		Zip	
02879		02881	
Director Name		Director Name	
JOSEPH WALLER			
Street Address		Street Address	
202 WINCHESTER DRIVE			
City	State	City	State
WAKEFIELD	R.I.		
Zip		Zip	
02879			
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative			Date
CAROL WALLER			5-24-16
Signature of Officer/Authorized Representative			
Carol Waller			

**FILED**

MAY 26 2016

BY 2984 DS