



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 2016

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. 27225		2. Exact name of the Corporation FIRST Church of the Nazarene of Wakefield			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Religious Services and Education			
5. Principal office address 233 HIGH STREET		City WAKEFIELD		State RI	Zip 02879
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name REV. KRISTEN Schildroth			Vice-President Name		
Street Address 37 Whitford St.			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
Secretary Name Rowena Fayerweather			Treasurer Name CYNTHIA TAYLOR		
Street Address 681 KINGSTOWN Rd			Street Address 502 STONY FORT Rd		
City Wakefield	State RI	Zip 02879	City Saunderstown	State RI	Zip 02874
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 REV. KRISTEN Schildroth			Director Name		
Street Address 37 Whitford St.			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
Director Name Rowena Fayerweather			Director Name CYNTHIA TAYLOR		
Street Address 681 KINGSTOWN Rd			Street Address 502 STONY FORT Rd		
City Wakefield	State RI	Zip 02879	City Saunderstown	State RI	Zip 02874
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 BY _____

FILED

JUN 15 2016

1988 DS

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.

CYNTHIA TAYLOR **6/12/16**
Signature of Officer or Authorized Representative Date

CYNTHIA TAYLOR
Print or Type Name of Officer or Authorized Representative