



**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: 2016

1. Corporate ID No. 000030463

2. Name of Corporation RISEM District of the Southern New England Annual Conference

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 12 BAY SPRING AVENUE

City or Town: BARRINGTON

State: RI Zip: 02806 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 PROGRAM AND ADMINISTRATION

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 | SEOK HWAN HONG | 235 CROSS ST SEEKONK, MA 01840 US |
| TREASURER | SUSAN LEATHERWOOD | 145 ROCKY WOODS ST TAUNTON, MA 02780 USA |
| SECRETARY | DEBBIE HUMM | 19 PAQUIN RD |

| | | |
|----------|----------------|--|
| | | BARRINGTON, RI 02806 USA |
| DIRECTOR | PHILIP VIAL | 128 FOOTE ST BARRINGTON , RI 02806 USA |
| DIRECTOR | LYNN MCCRACKEN | 690 NATE WHIPPLE HWY CUMBERLAND, RI 02864 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. GARY L. SHAW 12 BAY SPRING ROAD BARRINGTON , RI 02806

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

Signed this 20 Day of June, 2016 at 12:20:54 PM 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 SUSAN LEATHERWOOD
Signature of Authorized Person

Form No. 631
Revised 09/07

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