State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016 Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED	-
By JUL 0 5 2945	

4 F-44-15 No. 1	Ta = ""					
1. Entity ID Number		of the Corporation	•	e.		
31126	R. I. United Methodist Association					
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island Promote and coordinate work of RI United in Ethodist Churches with					
RI	Promote l 5 pecia	and coordin	ate work of RI United in	ethodist Chu	crches with	
5. Principal Office Address	Ť	•	City	State	Zip	
35 KilverT	STreeT		Warwick	RI	02886	
6. List ALL officers (names and addresses) Check the box to indicate an attachr						
President Name Clarice	r. Goth	hera	Vice-President Name 5'4San D. G.	bhc		
Street Address 36 Vande	rbuilt R	Rd	Street Address 14 Benso		. 10.44	
city Warwick	State R (Zig 288 6	city Warwick	Ctata	Zip 02888	
Secretary Name Susan D			Treasurer Name Rev. BeTs	sy A Gar	land	
Street Address / 4 Benso	n Ave		Street Address 31 STran	nd Ave	19701	
City barwick	State /	Zip O2888	City Warwick	State	Zip 02889	
7. List ALL directors (names and			ST list at least THREE directors.	 '		
					indicate an attachment	
Director Name Rev Hyuk Sconwoo Street Address			Director Name REV Elisabeth Smith			
35 Kilver	T STre	eT	Street Address 143 Ann A	lary Brow	in Dr.	
City Warwick	State //	Zip 02886	City Warwick	State R /	Zip 0 2 8 8 8	
Director Name Rev Duane Clinker			Director Name Rev Seok Hwan Hong			
33 Davis	Ave		Street Address 12 Bay S	Spring Av	e	
City Cranston	State /R/	Zip 2910	City Barrington	State	Zip 028 0 6	
Registered Agent in Rhode Isla	nd. This informat	ion is currently of re	ecord in the Department of State. Cha	nges require filing F	orm 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 Pre				Dresentative Receive	r or Trustee	
Name of Officer/Authorized Repre			, —, —, · · · · · · · · · · · · · · · ·	Date	· · · · · · · · · · · · · · · · · · ·	
				1	7-2016	
Signature of Officer/Authorized Representative						
Betry A. Garland						
-			1	· · · · · · · · · · · · · · · · · · ·		

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov