



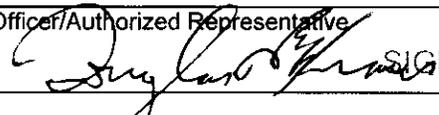
**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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			
27555		Kingston Congregational Church			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Church			
5. Principal Office Address		City	State	Zip	
2610 Kingstown Road		Kingston	RI	02881	
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Joanna Burkhardt			Vice-President Name		
Street Address 45 Laurel Street			Street Address		
City Ashaway	State RI	Zip 02804	City	State	Zip
Secretary Name David W. Cann			Treasurer Name Douglas Kraus		
Street Address 900 Oak Hill Road, Apt. A			Street Address 71 Spring Hill Road		
City North Kingstown	State RI	Zip 02852	City Kingston	State RI	Zip 02881
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name David Remington			Director Name Jeffrey Richardson		
Street Address 84 Huckleberry Lane			Street Address 207 South Pier Road		
City North Kingstown	State RI	Zip 02852	City Narragansett	State RI	Zip 02882
Director Name Sharon A. Davis			Director Name Bethany S. Curtis		
Street Address 100 Cedarwood Lane			Street Address 86 High Meadow Lane		
City Hope Valley	State RI	Zip 02832	City Wakefield	State RI	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Douglas Kraus/Treasurer				Date 22 June 2016	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

JUL 08 2016
BY 29595 A.A.