

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.	2. Exact nar	ne of the Corporation			- · · · · · · · · · · · · · · · · · · ·	
23965	TRINITY	TRINITY CHURCH LANDMARK PRESERVATION FUND, INC.				
3. State of Incorporation	THE OVE	4. Brief description of the character of business conducted in Rhode Island THE OVERSIGHT & RAISING OF FUNDS FOR THE PRESERVATION OF HISTORIC				
RHODE ISLAND	TRINITY	CHURCH IN NEV	VPORT, RI.			
5. Principal office address HONEYMAN HALL ON QUEEN ANN SQUARE			City NEWPORT	State RI	Zip 02840	
6. LIST ALL OFFICERS (N	AMES AND ADDR	ESSES) ("X" BOX FO	OR ATTACHMENT)			
President Name JEFFREY L. GORDON			Vice-President Name			
Street Address 185 GLEN FARM ROAD			Street Address			
City PORTSMOUTH	State RI	Zip 02871	City	State	Zip	
Secretary Name B. MITCHELL SIMPSON, III			Treasurer Name JAMES BURESS			
Street Address 15 CHAMPLIN STREET			Street Address 166 RIVER RUN ROAD			
City	State	Zip	City	State	Zip	
NEWPORT	RI	02840	MIDDLETOWN	RI	02842	
7. LIST <u>ALL</u> DIRECTORS ("X" BOX FOR ATTACH	NAMES AND ADD	PRESSES). RHODE IS	SLAND CORPORATIONS <u>MUST</u> L	IST NO LESS THAN	THREE (3) DIRECTORS	
Director Name PIETER ROOS			Director Name JAMES BURESS			
Street Address 91 RICHARD DRIVE			Street Address 166 RIVER RUN ROAD			
City PORTSMOUTH	State Ri	Zip 02871	City MIDDLETOWN	State RI	Zip 02842	
Director Name JEFFREY L. GORDON			Director Name B. MITCHELL SIMPSON, III			
Street Address 185 GLEN FARM ROAD			Street Address 15 CHAMPLIN STREET			
City PORTSMOUTH	State RI	Zip 02871	City NEWPORT	State RI	Zip 02840	
8. REGISTERED AGENT IN	RHODE ISLAND					
			tary of State. Changes require filir	ng Form 641.		
			ecretary, Assistant Secretary, Treasu		Representative, Receiver	

or Trustee

File Date		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 berein are true and correct.	
By: FOR SECRETARY OF STATE USE ONLY	FILED	Signature of Officer or Authorized Representative Date JEFFREY L. GORDON, PRESIDENT	
orm No. 631	NOV 1 0 2016	Print or Type Name of Officer or Authorized Representative	

Revised: 04/2014

BY 203853902

#23965
TRINITY CHURCH LANDMARK PRESERVATION FUND, INC.

STEPHEN GLASCOCK 180 WAPPING RD PORTSMOUTH, RI 02871

NOREY CULLEN 11 REDWOOD STREET NEWPORT, RI 02840

ROGER KING 31 RHODE ISLAND AVE NEWPORT, RI 02840

SCOTT BARTLETT 4 MUMFORD AVE NEWPORT, RI 02840