



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.

1. Entity ID Number <b>30362</b>		2. Exact name of the Corporation <b>Trinity Episcopal Church</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Non Profit Religious Organization</b>			
5. Principal Office Address <b>251 Danielson Pike</b>			City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>The Rev. William Locke</b>			Vice-President Name <b>Scott Fraser</b>		
Street Address <b>63 Pidge Avenue</b>			Street Address <b>9 Suddard Lane</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
Secretary Name <b>Gail Proulx</b>			Treasurer Name <b>Susan Newkirk</b>		
Street Address <b>61 Shun Pike</b>			Street Address <b>1460 Chopmist Hill Road</b>		
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Donna Martel</b>			Director Name <b>Celia Petit</b>		
Street Address <b>11 Teakwood Drive</b>			Street Address <b>51 Hatherly Street</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
Director Name <b>Linda Maynard</b>			Director Name <b>Jackie Horner</b>		
Street Address <b>8 Cynthia Drive</b>			Street Address <b>23 Fairway Drive</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Brooklyn</b>	State <b>CT</b>	Zip <b>06234</b>
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>Susan A Newkirk Treasurer</b>				Date <b>11/18/2016</b>	
Signature of Officer/Authorized Representative <i>Susan A. Newkirk</i>					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

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FORM 631 - Revised: 05/2016