

## 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.

1. Entity ID No. 27812	2. Exact name of the Corporation North Kingstown United Mehodist Church				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Religious/Church				
5. Principal office address 450 Boston Neck Road			City North Kingstown	State RI	Zip 02852
6. LIST <u>ALL</u> OFFICERS (NAMI	S AND ADD	RESSES) ("X" BOX FO	R ATTACHMENT)		
President Name			Vice-President Name		
Mark Zaccaria			Rev. Lorene E Eldredge		
Street Address			Street Address		
35 Congdon Hill Road			450 Boston Neck Road		
City	State	Zip	City	State	Zip
Saunderstown	RI	02874	North Kingstown	RI	02852
Secretary Name			Treasurer Name		
Marsha Taylor			Ruth Sperry		
Street Address 611 Ten Rod	Roac	p	Street Address 20 Lang Drive		
North Kingstown	State RI	Zip OA 85,	• • • • • • • • • • • • • • • • • • • •	State RI	Zip 02852
7. LIST <u>ALL</u> DIRECTORS (NAT ("X" BOX FOR ATTACHMEN	MES AND ADI T) 🔲	DRESSES). RHODE ISI	AND CORPORATIONS MUST LIS	T NO LESS THAN	THREE (3) DIRECTOR
Director Name Robert Mason			Director Name Jay Sperry		
Street Address 24 White Birch Court			Street Address 20 Lang Drive		
City	State	Zip	City	State	Zip
North Kingstown	RI	02852	North Kingstown	RI	02852
Director Name Peter Pellegrino			Director Name Nina Dunne		
Street Address			Street Address		
24 Eden Court			53 Secluded Drive		
City	State	Zip	City	State	Zip
North Kingstown	RI	02852	Wakefield	RI	02852
8. REGISTERED AGENT IN RH	ODE ISLAND	DESERTED AND A CO	· STORES PER SECTION	t vojamajna eri	SAN 新春 18 3 18 3 18 3 18 3 18 3 18 3 18 3 18
This information is currently o	f record in th	e Office of the Secreta	ry of State. Changes require filing		
			cretary, Assistant Secretary, Treasure		Representative, Receive

Flie 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 herein are true and correct.
Check No	FILED Larence Colored 12/19/16 Signature of Officer or Authorized Representative Date
FOR SECRETARY OF STATE USE ONLY	DEC 2 2 2016 LORENE E ELDREDGE
Form No. 631 Revised: 04/2014	Print or Type Name of Officer or Authorized Representative