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 name of the Corporation
27812	North Kingstown United Mehodist Church
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Religious/Church

5. Principal office address	City	State	Zip
450 Boston Neck Road	North Kingstown	RI	02852

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Mark Zaccaria	Rev. Lorene E Eldredge
Street Address: 35 Congdon Hill Road	Street Address: 450 Boston Neck Road
City: Saunderstown, State: RI, Zip: 02874	City: North Kingstown, State: RI, Zip: 02852
Secretary Name: Marsha Taylor	Treasurer Name: Ruth Sperry
Street Address: 611 Ten Rod Road	Street Address: 20 Lang Drive
City: North Kingstown, State: RI, Zip: 02852	City: North Kingstown, State: RI, Zip: 02852

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Robert Mason	Jay Sperry
Street Address: 24 White Birch Court	Street Address: 20 Lang Drive
City: North Kingstown, State: RI, Zip: 02852	City: North Kingstown, State: RI, Zip: 02852
Director Name: Peter Pellegrino	Director Name: Nina Dunne
Street Address: 24 Eden Court	Street Address: 53 Secluded Drive
City: North Kingstown, State: RI, Zip: 02852	City: Wakefield, State: RI, Zip: 02852

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date
Check No
By:
FOR SECRETARY OF STATE USE ONLY

Form No. 631
Revised: 04/2014

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.

FILED

Lorene C Eldredge 12/19/16
Signature of Officer or Authorized Representative — Date

DEC 22 2016

LORENE E ELDREDGE
Print or Type Name of Officer or Authorized Representative

By $95