



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.

STAMP

FOR

1. Entity ID Number 27178		2. Exact name of the Corporation The Beneficent Congregational Church of Providence, R.I.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Church			
5. Principal Office Address 300 Weybosset St		City Providence	State RI	Zip 02903	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MODERATOR: Sylvia Delaney			Vice-President Name MODERATOR-ELECT: Jay Frails		
Street Address 856 River Ave			Street Address 47 Taylor Dr		
City Providence	State RI	Zip 02908	City Rumford	State RI	Zip 02916
Secretary Name CLERK: Linda Drywa			Treasurer Name ASSISTANT TREASURER: Matthew Hird		
Street Address 1 Chestnut St - Apt 517			Street Address 33 Crowfield Rd		
City Providence	State RI	Zip 02903	City Warwick	State RI	Zip 02888
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 (Property Committee) Matthew Hird			Director Name (Peace & Justice Committee) Carlos Vega		
Street Address 33 Crowfield Rd			Street Address 9 Unity Ct		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02889
Director Name (Stewardship Committee) Gordon Hayes			Director Name		
Street Address 124 Congdon St			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
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.					
<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 Matthew Hird <i>Matthew Hird</i>				Date <i>January 26, 2017</i>	
Signature of Officer/Authorized Representative					
SIGN DOCUMENT HERE					

FILED

JAN 30 2017

542005

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-26

Phone: (401) 222-3040

Website: www.sos.ri.gov