



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.

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1. Entity ID Number <u>61329</u>		2. Exact name of the Corporation <u>Newport Congregational Church</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Congregationalist Church</u>	
5. Principal Office Address <u>73 Pelham St.</u>		City <u>Newport</u>	State <u>RI</u>
		Zip <u>02840</u>	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Andrew Long</u>		Vice-President Name	
Street Address <u>9 Lee's Wharf</u>		Street Address	
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	
Secretary Name <u>Karen LaFrance</u>		Treasurer Name <u>Sandra Conca</u>	
Street Address <u>2216 East Christy Dr.</u>		Street Address <u>208 America</u>	
City <u>Phoenix</u>	State <u>AZ</u>	Zip <u>85028</u>	City <u>Newport</u>
			State <u>RI</u>
			Zip <u>02840</u>
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 <u>Andrew Long</u>		Director Name <u>Sandra Conca</u>	
Street Address <u>9 Lee's Wharf</u>		Street Address <u>208 America</u>	
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Newport</u>
			State <u>RI</u>
			Zip <u>02840</u>
Director Name <u>Karen LaFrance</u>		Director Name	
Street Address <u>2216 East Christie Dr.</u>		Street Address	
City <u>Phoenix</u>	State <u>AZ</u>	Zip <u>85028</u>	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.			
<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>			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>Andrew Long</u>			Date <u>March 9, 2017</u>
Signature of Officer/Authorized Representative			

**FILED**

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

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BY 0298144 FORM 631 - Revised: 02/2017