State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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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	2. Exact name of the Corporation
28549	The Religious Society of Bell Street Chapel
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Church handling of donations

5. Principal Office Address	City	State	Zip
5 Bell Street	Providence	RI	02909

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Christine Constantineau	N/A
Street Address: 4 Wadsworth Avenue	Street Address:
City: Smithfield State: RI Zip: 02917	City: State: Zip:
Secretary Name: N/A	Treasurer Name: Sharon Constantineau
Street Address:	Street Address: 4 Wadsworth Avenue
City: State: Zip:	City: Smithfield State: RI Zip: 02917

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Ellen Kellner	Elizabeth Grossi
Street Address: 328 Evans Road	Street Address: 59 Ivan Street
City: Chepachet State: RI Zip: 02814	City: N. Providence State: RI Zip: 02904
Director Name: Stuart Smith	Director Name:
Street Address: 325 Ide Road	Street Address:
City: N. Scituate State: RI Zip: 02857	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.

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	Date
Christine Constantineau	3/26/17

Signature of Officer/Authorized Representative
SIGN DOCUMENT HERE

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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FORM 631 - Revised: 02/2017