



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


Annual Report for the year: 2017

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.

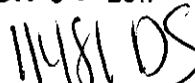
1. Entity ID Number 30621		2. Exact name of the Corporation The United Congregational Church of Little Compton			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Church			
5. Principal Office Address 4 Commons, P.O. Box 506		City Little Compton		State RI	Zip 02837
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jane Lorch		Vice-President Name Paul Suttell			
Street Address 42 Patton Drive		Street Address 515 West Main Road			
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Secretary Name Shirley Hardison		Treasurer Name Thomas Schmitt			
Street Address 27A Long Pasture Road, P.O. Box 935		Street Address 28 Whistler Point Road			
City Little Compton	State RI	Zip 02837	City Westport	State MA	Zip 02790
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 Katharine Schmitt		Director Name Robert Hartnett			
Street Address 28 Whistler Point Road		Street Address 42 Lawton Street			
City Westport	State MA	Zip 02790	City Tiverton	State RI	Zip 02878
Director Name Rev. Rebecca Floyd Marshall		Director Name None			
Street Address 4 Commons, P.O. Box 506		Street Address			
City Little Compton	State RI	Zip 02837	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 Jane Lorch, Chair of Board of Trustees				Date June 1, 2017	
Signature of Officer/Authorized Representative 					

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

FILED

JUN 05 2017

BY



FORM 631 - Revised: 02/2017