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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

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FA	ILURE TO FILE 1	THIS REPORT BY J	ULY 30 WILL RESULT IN A \$2	5.00 PENALTY	FEE.	
1. Entity ID No.	2. Exact name of the Corporation					
28819	28819 The Christ United Methodist Church					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
RI	Religious Services					
5. Principal office address			City	State R. I.	Zip	
2291 KINCSTOWN	Boad 1	F.D. BOX 1608	NINGSTON	RI.	Zip 0288/	
6. LIST <u>ALL</u> OFFICERS (NAM	ES AND ADDRESS	ES) ("X" BOX FOR AT				
President Name	11.0		Vice-President Name			
Joseph Waller			Diane Miller			
Street Address 202 Winchester DRIVE			Street Address 41 White Dak Court			
City Wakefield	State アエ	Zip 02879	City Waterield	State RI.	Zip 02879	
Secretary Name			Treasurer Name			
Tiffany ZUNUM			Carol Waller			
Street Address /			Street Address			
1299 Broadroe	CK KOAD	-1	202 WinchesTe	r Drive		
City Wakefield	State R・エ・	Zip 02879	Wakefield	State R.T.	Zip 02879	
7. LIST <u>ALL</u> DIRECTORS (NAI ("X" BOX FOR ATTACHMEN		SES). RHODE ISLANI	CORPORATIONS MUST LIST I	NO LESS THAN 1	THREE (3) DIRECTORS	
Director Name			Director Name			
REV. Kim Shinkwana			DOUGLAS BURGESS			
Street Address			Street Address	$\overline{}$		
32 GREY B	IRCH COURT	7	2377 KINGSTO	WN KORE	£	
City Wakefield Director Name	State R.Z	Zip 02879	Street Address 2377 KINGSTO City KINGSTON	State F. J.	Zip 02881	
Diroctor Education		•	Director Name		***************************************	
Joseph Waller			LINDA Grass			
Street Address 202 WinchesTer	Li .		Street Address 1735 Minus Terra	1 Road		
City .	State	Zip	! Citv	State	Zip	
Wakefield	RI	02879	Wakefield	RI	02879	
B. REGISTERED AGENT IN RH			•			
			State. Changes require filing Fo			
	her the President, V	fice-President, Secretai	ry, Assistant Secretary, Treasurer, d	luly Authorized Re	presentative, Receiver	
or Trustee						
		(10)	Under penalty of perjury, I de	clare and affirm	that I have examined	
File Date		2199	this report, including any acc and that all statements conta	companying sch	edules and statements,	
Check No) '	•	_		
Ву:	/'		Carol Walle	ad Donagoostatuu	6.2.17	
FOR SECRETARY OF STATE	USE ONLY	FILED	Signature of Officer or Authoriz	•	e D at e	
N	\	IILLU				
orm No. 631 levised: 04/2014	\	JUN 0 5 2017	Print or Type Name of Officer of	r Authorized Repr	esentative	