



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 86890 | | 2. Exact name of the Corporation Benjamin Church Development Corp. | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island To develop and manage low income housing. | | | |
| 4. NAICS Code 531110 | | | | | |
| 6. Principal Office Address Manor Drive | | City Bristol | | State RI | Zip 02809 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name John E. Faria | | | Vice-President Name Domenic C. Canna | | |
| Street Address 1039 Hope Street | | | Street Address 117 Beach Road | | |
| City Bristol | State RI | Zip 02809 | City Bristol | State RI | Zip 02809 |
| Secretary Name M. Candace Pansa | | | Treasurer Name John M. Day | | |
| Street Address 46 Clipper Way | | | Street Address 31 Michael Drive | | |
| City Bristol | State RI | Zip 02809 | City Bristol | State RI | Zip 02809 |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/> | | | | | |
| Director Name John E. Faria | | | Director Name John M. Day | | |
| Street Address 1039 Hope Street | | | Street Address 31 Michael Drive | | |
| City Bristol | State RI | Zip 02809 | City Bristol | State RI | Zip 02809 |
| Director Name Domenic C. Canna | | | Director Name Charles E. Millard | | |
| Street Address 117 Beach Road | | | Street Address 620 Hope Street | | |
| City Bristol | State RI | Zip 02809 | City Bristol | State RI | Zip 02809 |
| 9. 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. | | | | | |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i> | | | | | |
| Name of Officer/Authorized Representative M. Candace Pansa, Secretary <i>M. Candace Pansa</i> | | | | | Date 5/30/2017 |
| Signature of Officer/Authorized Representative | | | | | FILED |
| 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

JUN 07 2017

BY *116666 lag*

Additional Director

Linda Silveira
7 Howe Street
Bristol, RI 02809

ID

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BY

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