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	2. Exact name of the Corporation
86890	**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	City	State	Zip
Manor Drive	**Bristol**	**RI**	**02809**

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

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 ☑

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.

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
M. Candace Pansa, Secretary M Candace Pansa	5/30/2017

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

FILED
JUN 07 2017
BY

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

FORM 631 - Revised: 05/2017

Additional Director

Linda Silveira
7 Howe Street
Bristol, RI 02809

ID

86850

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JUN 07 2017

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