



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2017**

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

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 28037		2. Exact name of the Corporation Christian Brethren of Warwick, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Church, Sunday School and Kindergarten			
5. Principal office address 311 Buttonwoods Avenue		City Warwick	State RI	Zip 02886-7728	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Rachel Livesey			Vice-President Name William Thibault		
Street Address 131 Welfare Avenue			Street Address 11 Terrace Avenue		
City Warwick	State RI	Zip 02888-2326	City Warwick	State RI	Zip 02889-4015
Secretary Name Marilyn Farrell			Treasurer Name Richard Sheryka		
Street Address 108 Covington Drive			Street Address 33 Heights Avenue		
City Warwick	State RI	Zip 02886-1936	City Warwick	State RI	Zip 02889-4609
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Ernesto Mirabal			Director Name Eleanor Naysmith		
Street Address 54 Belvedere Drive			Street Address 50 Hick Street		
City Cranston	State RI	Zip 02920-4504	City Pawtucket	State RI	Zip 02860-2739
Director Name Robert Petrin			Director Name Maryanne Sheryka		
Street Address 209 Hoxsie Avenue			Street Address 33 Heights Avenue		
City Warwick	State RI	Zip 02889-1629	City Warwick	State RI	Zip 02889-4609
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY _____

FILED

JUN 14 2017

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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.

Richard Sheryka

Signature of Officer or Authorized Representative

06/09/2017

Date

Richard Sheryka, Treasurer

Print or Type Name of Officer or Authorized Representative