



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 30426		2. Exact name of the Corporation The Women's Guild of the Beneficent Congregational Church (United Church of Christ)			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Support of public worship and the facilities of Beneficent Church			
4. NAICS Code 813110					
6. Principal Office Address 300 Weybosset St			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mary Ryder			Vice-President Name INVESTMENT ADVISOR: Irene Hope		
Street Address 171 Laurel Ave			Street Address 15 Ridgefield Dr		
City Providence	State RI	Zip 02906	City East Greenwich	State RI	Zip 02818
Secretary Name Ruth Whipple			Treasurer Name Jane Eastman		
Street Address 86 Hawthorne St			Street Address 29 Kirkbrae Dr		
City North Providence	State RI	Zip 02904	City Lincoln	State RI	Zip 02865
8. 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 Irene L. Hope			Director Name Ruth Whipple		
Street Address 15 Ridgefield Drive			Street Address 86 Hawthorne St		
City East Greenwich	State RI	Zip 02818	City N. Prov	State RI	Zip 02904
Director Name Jane Eastman			Director Name		
Street Address 29 Kirkbrae Dr			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
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 Mary I. Ryder					Date June 11, 2017
Signature of Officer/Authorized Representative <i>Mary I. Ryder</i>					FILED JUN 15 2017 BY 21520

MAIL TO:
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 Website: www.sos.ri.gov