RI SOS Filing Number: 201745555840 Date: 6/15/2017 4:00:00 PM

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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 Event non	a of the Corneration	n			
30825		2. Exact name of the Corporation				
		St. Peter's and St. Andrew's Church				
3. State of Incorporation	5. Brief desc	5. Brief description of the character of business conducted in Rhode Island				
RI	Religion s	Religion services in the Anglican/Episcopalian Tradition				
4. NAICS Code						
813110						
6. Principal Office Address			City	State	Zip	
25 Pomona Ave			Providence	RI	02908	
7. List ALL officers (names ar	nd addresses)		Cl	heck the box to indica	te an attachment	
President Name Arthur Thomas (Sr Warden)			Vice-President Name Todd Grisdale (Jr Warden)			
Street Address 25 Pomona Ave			Street Address 25 Pomona Ave			
City Providence	State RI	Zip 02908	City Providence	State RI	^{Zip} 02908	
Secretary Name Ken Taylor			Treasurer Name Dorothy Lariviere			
Street Address 25 Pomona Ave			Street Address 25 Pomona Ave			
City Providence	State RI	^{Zip} 02908	City Providence	State RI	Zip 02908	
8. List ALL directors (names a	and addresses). RI C	Corporations MUST	list at least THREE directors.	Check the hox to inc	dicate an attachment	
Director Name Rev. Dr. Joyce Penfield			Director Name Arthur Thomas			
Street Address 25 Pomona Ave			Street Address 25 Pomona Ave			
City Providence	State RI	^{Zip} 02908	City Providence	State RI	^{Zip} 02908	
Director Name Ken Taylor			Director Name Dorothy Lariviere			
Street Address 25 Pomona Ave			Street Address 25 Pomona Ave			
City Providence	State RI	^{Zip} 02908	^{City} Providence	State RI	^{Zip} 02908	
9. Registered Agent in Rhode	Island. This informati	on is currently of reco	rd in the Department of State. Char	nges require filing Form	641.	
Under penalty of perjury, I d statements, and that all stat			ed this report, including any a d correct.	accompanying sche	dules and	
This report must be signed by either th	e President, Vice-Preside	nt, Secretary, Assistant S	Secretary, Treasurer, duly Authorized Re	presentative, Receiver or Tr	ustee.	
Name of Officer/Authorized Ro	epresentative		-11	ED Date		
Dorothy Lariviere			FIL	6-9-17		
Signature of Officer/Authorized		, "	uin 1	5 2017	<i>i</i>	
Marathy &	y. Larwere			4	VI	
IAIL TO:			DV 1			

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov