



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2017

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 JUN 21 11:10:37 AM

1. Entity ID Number 000027205		2. Exact name of the Corporation First Church of Christ, Scientist, North Kingstown, RI	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Domestic Non-Profit Corporation - church services	
4. NAICS Code 813110			
6. Principal Office Address 55 Tower Hill Road		City North Kingstown	State RI
		Zip 02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Martha F. Parker		Vice-President Name Heidi Anderson	
Street Address 351 Broadway		Street Address 131 Conanchet Ave	
City Newport	State RI	City W Warwick	State RI
Zip 02840		Zip 02888	
Secretary Name Pamela Lowe		Treasurer Name Judith Peterson	
Street Address 10 Leonard Terrace		Street Address 115 Overlook Drive	
City Newport	State RI	City East Greenwich	State RI
Zip 02840		Zip 02818	
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 Marcia Moon		Director Name Heidi Anderson	
Street Address 88 Spencer Street		Street Address 131 Conanchet Ave	
City East Greenwich	State RI	City W Warwick	State RI
Zip 02818		Zip 02888	
Director Name Pamela Lowe		Director Name Martha Parker	
Street Address 10 Leonard Terrace		Street Address 351 Broadway	
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Pamela Lowe / Secretary			Date 6/17/17
Signature of Officer/Authorized Representative Pamela Lowe			

FILED
 JUN 21 2017

BY 2898DS