

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

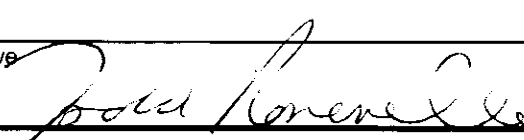
Annual Report for the year: **2017**

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 28108		2. Exact name of the Corporation Calvin Presbyterian Church			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Church - Religious Organization			
4. NAICS Code 813110					
6. Principal Office Address 126 Angell Road			City Cumberland	State RI	Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Cliff Ledoux			Vice-President Name Betty Conlon		
Street Address 10 Tattersail Drive			Street Address 64 Garvin Street		
City Lincoln	State RI	Zip 02865	City Cumberland	State RI	Zip 02864
Secretary Name Peter Cameron			Treasurer Name Todd Ravenelle		
Street Address 10 Meadow Glen Drive			Street Address 76 Austin Avenue		
City Lincoln	State RI	Zip 02865	City Greenville	State RI	Zip 02828
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 Larry Wood			Director Name William Garland		
Street Address 92 St. Paul Street			Street Address 20 Esek Hopkins Lane		
City North Smithfield	State RI	Zip 02896	City Cumberland	State RI	Zip 02864
Director Name James West			Director Name		
Street Address 20 Hampton Ct.			Street Address		
City Bellingham	State MA	Zip 02019	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 Todd Ravenelle				Date 6/25/17	
Signature of Officer/Authorized Representative 					

FILED