



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 27215		2. Exact name of the Corporation FIRST CHRISTIAN Church of COVENTRY, R.I.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island PROVIDES SUNDAY SERVICES AND ASSISTANCE TO THE PEOPLE OF R.I. PROVIDING FOOD TO THE FOOD BANK AND HELP TO THE DEPT. OF HUMAN SERVICES	
4. NAICS Code 813110			
6. Principal Office Address 63 VAUGHAN Hollow Rd.		City GREENE	State R.I.
		Zip 02827	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOANNE NEWTON		Vice-President Name GERALD DE NUCCIO	
Street Address 51 VICTORY HIGHWAY		Street Address 150 POTTER Rd.	
City GREENE	State R.I.	City GREENE	State R.I.
Secretary Name JEAN V. SALEM		Treasurer Name Phyllis DEXTER	
Street Address 3 MANCHESTER Circle Apt. G.		Street Address 54 MOOSUP Valley Rd.	
City COVENTRY	State R.I.	City FOSTER	State R.I.
Zip 02816		Zip 02825	
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 MICHAEL ETHIER		Director Name LORRAINE SHAPPY	
Street Address P.O. Box # 5054		Street Address 2386 VICTORY HIGHWAY	
City GREENE	State R.I.	City COVENTRY	State R.I.
Zip 02827		Zip 02816	
Director Name ROBIN PETRACA		Director Name GERALD DE NUCCIO	
Street Address 105 HOPKINS Hill Rd.		Street Address 150 POTTER Rd	
City GREENE	State R.I.	City GREENE	State R.I.
Zip 02827		Zip 02827	
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 JEAN V SALEM			Date 6/17/2017
Signature of Officer/Authorized Representative <i>Jean V Salem</i>			FILED JUL 03 2017 SV

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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