RI SOS Filing Number: 201747033760 Date: 7/3/2017 4:00:00 PM

State of Rhode Island and Providence Plantations
Dep[illegible]nt 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. Exact name of the Corporation
000028494	The Rector Wardens & Vestry of the Chapel of St. John The Divine
3. State of Incorporation: R.I.	5. Brief description of the character of business conducted in Rhode Island: CHURCH OF WORSHIP
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
10 Church Way, P.O. Box 541	Saunderstown	RI	02874

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Virginia Chapin-Sheff	Katharine McDuffie
Street Address: 115 Willett Rd	Street Address: 77 Champlin Rd
City: Saunderstown / State: RI / Zip: 02874	City: Saunderstown / State: RI / Zip: 02874
Secretary Name	**Treasurer Name**
Ann Hourahan	Nancy Scheib
Street Address: 243 Orchard Woods Dr.	Street Address: 21 Miner Rd
City: Saunderstown / State: RI / Zip: 02874	City: Saunderstown / State: RI / Zip: 02874

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name	Director Name
Brad Buckley	Diane Cicchelli
Street Address: 206 Plum Point Rd	Street Address: 94 Plum Pt. Rd
City: Saunderstown / State: RI / Zip: 02874	City: Saunderstown / State: RI / Zip: 02874
Director Name: Rev. Noel Bailey	Director Name
Street Address: 10 Church Way	Street Address
City: Saunderstown / State: RI / Zip: 02874	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	Date
Nancy L. Scheib	6/29/2017

Signature of Officer/Authorized Representative: Nancy L. Scheib

FILED
JUL 03 2017
BY 2574

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

FORM 631 - Revised: 06/2017