



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

Annual Report for the year:
Non-Profit Corporation

2014

- 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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BUS SVCS DIV

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1. Entity ID Number 29050		2. Exact name of the Corporation The Parish of St. James Church			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island A member-church of the Episcopal Diocese of RI			
4. NAICS Code 813110					
6. Principal Office Address 444 Fruit Hill Avenue			City North Providence	State RI	Zip 02911
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Judy Mitchell			Vice-President Name Michael Silva		
Street Address 29 East St			Street Address 160 Dyerville Avenue		
City Providence	State RI	Zip 02906	City Johnston, RI	State RI	Zip 02919
Secretary Name Joan Collins			Treasurer Name Virginia Bernstein		
Street Address 29 Audubon Avenue			Street Address 98 Ardmore Avenue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
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 Ruth Arnold			Director Name Barbara Sieboda		
Street Address P.O. Box 733			Street Address 181 Whipple Road		
City North Scituate	State RI	Zip 02857-0691	City Smithfield	State RI	Zip 02917
Director Name Joan Blain Skeffington			Director Name Grace Grossi		
Street Address 20 Elmcraft Avenue			Street Address 15 Cottage St.		
City Providence	State RI	Zip 02908	City N. Providence	State RI	Zip 02911
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 Joan Collins				Date 07/13/2017	
Signature of Officer/Authorized Representative Joan Collins					

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BY **CA 308141**