



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

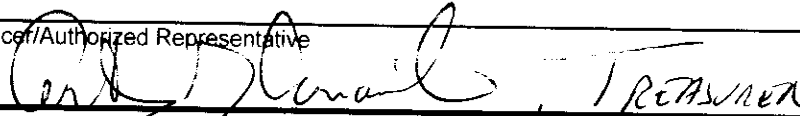
Annual Report for the year: 2017

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 27228		2. Exact name of the Corporation FIRST CONGREGATIONAL CHURCH IN BRISTOL			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island RELIGION			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 281 HIGH STREET		City BRISTOL	State RI	Zip 02809	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT EVANS			Vice-President Name		
Street Address 281 HIGH STREET			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
Secretary Name JENNIFER JOHNSON			Treasurer Name ANTHONY CAROMILE		
Street Address 281 HIGH STREET			Street Address 281 HIGH STREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
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 KATE SPARROW			Director Name BEVERLY LARSON		
Street Address 281 HIGH STREET			Street Address 281 HIGH STREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Director Name RUTH FISHER			Director Name ROGER DUBORD		
Street Address 281 HIGH STREET			Street Address 281 HIGH STREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
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 ANTHONY CAROMILE, TREASURER				Date 06/24/2017	
Signature of Officer/Authorized Representative 				FILED	

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

JUL 13 2017

BY 

FORM 631 - Revised: 06/2017