



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000028453

2. Name of Corporation METHODIST CAMP INC.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Corporate Address in Rhode Island

No. and Street: 1043 SNAKE HILL ROAD
City or Town: NORTH SCITUATE State: RI Zip: 02857 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:
City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

CAMP AND RETREAT MINISTRY (CHRISTIAN)

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KAREN PEHRSON	56 CHARLES WESLEY CT WELLS, ME 04090 USA
TREASURER	REV GARVIN WARDEN	16 LEROY ST #1 ATTLEBORO, MA 02703 USA
SECRETARY	MOLLY MCCLEARY	2 HUBBARD ST APT 3 JAMAICA PLAIN, MA 02130 USA
VICE PRESIDENT	DAVID BURKE	145 CHAUNCEY WALKER ST BELCHERTOWN, MA 01007 USA
DIRECTOR	LAURA EVANGELISTA	PO BOX 326 TOLLAND, CT 06084 USA
DIRECTOR	DENISE GREENE	3 MAPLEWOOD DR NORTH SCITUATE, RI 02857 USA
DIRECTOR	BRUCE MITCHELL	624 SEVEN MILE RD HOPE, RI 02831 USA
DIRECTOR	KRISTINE OWEN	155 SCHOOL ST NORTHBOROUGH, MA 01532 USA
DIRECTOR	JOAN WHITE	163 BURBANK DR WARWICK, RI 02886 USA
DIRECTOR	KIMBERLY YEASIR	10 SUFFOLK ST APT 5 CAMBRIDGE, MA 02139 USA
DIRECTOR	REV ERICA ROBINSON-JOHNSON	276 ESSEX ST LAWRENCE, MA 01842 USA
DIRECTOR	JENNIFER CARPENTER	1039 SNAKE HILL RD NORTH SCITUATE, RI 02857 USA
DIRECTOR	STUART SEARS	PO BOX 423 SHARON, MA 02067 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JENNIFER L.B. CARPENTER 1043 SNAKE HILL ROAD NORTH SCITUATE , RI 02857

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 28 Day of July, 2017 at 12:10:52 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By JENNIFER CARPENTER
Signature of Authorized Person

