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

FILED
MAY 17 2018
BY 229

Annual Report for the year: 2018
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 **30426**	2. Exact name of the Corporation THE WOMEN'S GUILD OF THE BENEFICENT CONGREGATIONAL CHURCH (UNITED CHURCH OF CHRIST)
3. State of Incorporation **RI**	5. Brief description of the character of business conducted in Rhode Island **Church**
4. NAICS Code **81311**	

6. Principal Office Address	City	State	Zip
300 Weybosset Street	**Providence**	**RI**	**02903**

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

President Name **Mary I Ryder**			Vice-President Name **Irene Hope - Investment Advisor**		
Street Address **171 Laurel Avenue**			Street Address **15 Ridgefield Drive**		
City **Providence**	State **RI**	Zip **02906**	City **East Greenwich**	State **RI**	Zip **02818**
Secretary Name			Treasurer Name **Jane S. Eastman**		
Street Address			Street Address **29 Kirkbrae Drive**		
City	State	Zip	City **Lincoln**	State **RI**	Zip **02865**

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

Director Name **Irene L. Hope**			Director Name **Jane S. Eastman**		
Street Address **15 Ridgefield Drive**			Street Address **29 Kirkbrae Drive**		
City **East Greenwich**	State **RI**	Zip **02818**	City **Lincoln**	State **RI**	Zip **02865**
Director Name **Carol Kanea**			Director Name		
Street Address **331 Centerville Road, Apt 414**			Street Address		
City **Warwick**	State **RI**	Zip **02886**	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
Jane S. Eastman, Treasurer	5/14/2018

Signature of Officer/Authorized Representative
Jane S. Eastman

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