



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

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 28819		2. Exact name of the Corporation THE CHRIST UNITED METHODIST CHURCH			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island RELIGIOUS SERVICES CONDUCTED BY PASTOR SHINKWANG KIM			
4. NAICS Code 813110					
6. Principal Office Address 2291 KINGSTOWN ROAD (P.O. BOX 1608)		City KINGSTON	State RI	Zip 02881	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOSEPH WALLER		Vice-President Name LINDA GROSS			
Street Address 202 WINCHESTER DRIVE		Street Address 1735 MINISTERIAL ROAD			
City WAKEFIELD	State RI.	Zip 02879	City WAKEFIELD	State RI.	Zip 02879
Secretary Name DIANE MILLER		Treasurer Name CAROL WALLER			
Street Address 41 WHITE OAK COURT		Street Address 202 WINCHESTER DRIVE			
City WAKEFIELD	State RI.	Zip 02879	City WAKEFIELD	State RI	Zip 02879
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 PASTOR SHINKWANG KIM		Director Name DOUGLAS BURGESS			
Street Address 32 GREY BIRCH COURT		Street Address 2377 KINGSTOWN ROAD			
City WAKEFIELD	State RI.	Zip 02879	City KINGSTOWN ROAD	State RI.	Zip 02881
Director Name JOSEPH WALLER		Director Name			
Street Address 202 WINCHESTER DRIVE		Street Address			
City WAKEFIELD	State RI	Zip 02879	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.					
<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 CAROL WALLER				Date 5-29-18	
Signature of Officer/Authorized Representative <i>Carol Waller</i>				SIGN DOCUMENT HERE.	

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

FILED

MAY 31 2018

BY 3387 DS FORM 631 - Revised: 11/2017