



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 001668691		2. Exact name of the Corporation ST. THOMAS EPISCOPAL CHURCH, ALTON, RI			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island EXCLUSIVELY FOR RELIGIOUS, CHARITABLE AND EDUCATIONAL PURPOSES TO PROVIDE AND OPERATE PROGRAMS, SACRAMENTS, AND OUTREACH			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 322 CHURCH ST. / P.O. BOX 33		City ALTON		State RI	Zip 02894
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name NONE			Vice-President Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name BRENDA PATER			Treasurer Name ROBERT L. HAFEY		
Street Address 654 ALTON CAROLINA ROAD			Street Address 7 HOXSIE ROAD		
City CAROLINA	State RI	Zip 02812	City RICHMOND	State RI	Zip 02892
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name MARY E. HAFEY			Director Name BETTINE E. BESIER		
Street Address 7 HOXSIE ROAD			Street Address 30 SCOTCH CAP ROAD		
City RICHMOND	State RI	Zip 02892	City QUAKER HILL	State CT	Zip 06375
Director Name BRIAN MCDONALD			Director Name NONE		
Street Address 309 CHURCH STREET			Street Address		
City WOOD RIVER JUNCTION	State RI	Zip 02894	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative MARY E. HAFEY				Date 6/01/2018	
Signature of Officer/Authorized Representative <i>Mary E. Hafey</i>					

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

JUN 06 2018

BY 5019 DS

FORM 631 - Revised: 11/2017