



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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2018 JUN -6 PM 2: 05

1. Entity ID Number <u>30519</u>		2. Exact name of the Corporation <u>WOODRIDGE CONGREGATIONAL UNITED CHURCH OF CHRIST</u>	
3. State of Incorporation <u>RHODE ISLAND</u>		5. Brief description of the character of business conducted in Rhode Island <u>CHURCH</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>546 BUDLONG ROAD</u>		City <u>CRANSTON</u>	State <u>RI</u> Zip <u>02920</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>MARSHA S. SOUTHARD</u>		Vice-President Name <u>NONE</u>	
Street Address <u>34 WOOD COVE DRIVE</u>		Street Address	
City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>	
Secretary Name <u>HOLLY COLE</u>		Treasurer Name <u>RAYMOND PERROTTA</u>	
Street Address <u>51 NORTH STREET</u>		Street Address <u>2242 CRANSTON STREET</u>	
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>LAURA DILLON</u>		Director Name <u>DEBORAH DI CHIARA</u>	
Street Address <u>49 MARK ALLEN DRIVE</u>		Street Address <u>27 ROSLYN AVE</u>	
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02886</u>	
Director Name <u>DEBORAH SCIPIONE</u>		Director Name <u>RICHARD THERRIEN</u>	
Street Address <u>195 SISSON STREET</u>		Street Address <u>24 FIR COLADE DRIVE</u>	
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02909</u>	
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 <u>MARSHA S. SOUTHARD</u>		Date <u>5.28.2018</u>	
Signature of Officer/Authorized Representative <u>MARSHA S. SOUTHARD</u>		BY <u>AS</u>	

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BY 332104 A.A.

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