



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.

FILED

JUN 07 2018

BY

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1. Entity ID Number 000027445		2. Exact name of the Corporation Bliss Four Corners Congregational Church			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Congregational Church			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 1264 Stafford Road			City Tiverton	State RI	Zip 02878
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Reverend William McPherson			Vice-President Name Ramona Stanley		
Street Address 600 Bullock Street			Street Address 18F Rolling Green Drive		
City Fall River	State MA	Zip 02720	City Fall River	State MA	Zip 02720
Secretary Name Amanda Carr			Treasurer Name June Parks		
Street Address 296 Long Highway			Street Address 18 Ledyard Street		
City Little Compton	State RI	Zip 02837	City Newport	State RI	Zip 02840
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 Wayne Carr			Director Name Sue Anderson		
Street Address 296 Long Highway			Street Address 1137 Main Road		
City Little Compton	State RI	Zip 02837	City Tiverton	State RI	Zip 02878
Director Name June Parks			Director Name Amanda Carr		
Street Address 18 Ledyard Street			Street Address 296 Long Highway		
City Newport	State RI	Zip 02840	City Little Compton	State RI	Zip 02837
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 Amanda Carr				Date June 1, 2018	
Signature of Officer/Authorized Representative <i>Amanda Carr</i>				SIGN DOCUMENT HERE	

MAIL TO:
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