



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 29489		2. Exact name of the Corporation Clayville Assembly			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island A preaching of the Gospel of our Lord Jesus Christ.			
4 NAICS Code 813110 - Religious Organization					
6. Principal Office Address 7 Plainfield Pike			City Foster	State RI	Zip 02825
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rev. James C. Gallagher (Pastor)			Vice-President Name None		
Street Address 636 Margaret Henry Road			Street Address		
City Sterling	State CT	Zip 06377	City	State	Zip
Secretary Name Elder Chris H. Guy (Elder/Secretary)			Treasurer Name Nathan S. Jewett (Deacon)		
Street Address 1204 Danielson Pike			Street Address 248 Newport Road		
City North Scituate	State RI	Zip 02857	City Oneco	State CT	Zip 06373
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 Elder Shane C. Pezzullo (Elder)			Director Name Anthony Pezzullo (Trustee)		
Street Address 100 Snake Meadow Hill Road			Street Address 7 Camelot Circle		
City Sterling	State CT	Zip 06377	City Johnston	State RI	Zip 02919
Director Name Erik R. Thorp (Trustee)			Director Name None		
Street Address 95 Colonial Avenue			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.					
<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 Chris H. Guy				Date 6/6/2018	
Signature of Officer/Authorized Representative 					

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 11 2018

BY

3518

FORM 931 - Revised: 11/2017

DS