



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

FILED

JUN 11 2018

BY 4172

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 52922		2. Exact name of the Corporation St. Paul's Church Society in Portsmouth			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Church			
4. NAICS Code 813110					
6. Principal Office Address 2679 East Main Road		City Portsmouth	State RI	Zip 02871	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SENIOR WARDEN BRADFORD CHASE		Vice President Name JUNIOR WARDEN JEFFREY REISE			
Street Address 31 MACOMBER LN		Street Address 191 FREEBORN ST			
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name ELIZABETH FALLONSBEE		Treasurer Name KEN BROCKWAY			
Street Address 237 ROLLING HILL RD		Street Address 298 ROLLING HILL RD			
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
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 KEN BROCKWAY		Director Name ELIZABETH FALLONSBEE			
Street Address 298 ROLLING HILL RD		Street Address 237 ROLLING HILL RD			
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Director Name SENIOR WARDEN: JEFFREY REISE		Director Name			
Street Address 191 FREEBORN ST		Street Address			
City PORTSMOUTH	State RI	Zip 02871	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 BRADFORD CHASE				Date 06-07/2018	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov