



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

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)