



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2018

→ 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 87893		2. Exact name of the Corporation Newman Congregational Church, UCC of Seekonk and East Providence			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To operate a church for religious and charitable purposes.			
4. NAICS Code 813110					
6. Principal Office Address 100 Newman Avenue		City Rumford	State RI	Zip 02916	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William Badger			Vice-President Name George Peters		
Street Address 31 Nick Rock Rd			Street Address 51 Kettle Point Ave		
City Attleboro	State MA	Zip 02703	City E Providence	State RI	Zip 02914
Secretary Name Wayne Gage			Treasurer Name Fredrik Penden		
Street Address 8 Haliburton Rd			Street Address 51 Roger Williams Ave		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
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 Patricia Bowman			Director Name Joan Potter		
Street Address 9 Brightbridge Ave			Street Address 264 Sulton Ave		
City E Providence	State RI	Zip 02914	City E Providence	State RI	Zip 02914
Director Name Debra Messinger			Director Name NONE		
Street Address 54 Argyle Ave			Street Address NONE		
City Riverside	State RI	Zip 02915	City NONE	State NONE	Zip NONE
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 William F Badger Jr				Date 6-6-18	
Signature of Officer/Authorized Representative 					

NONDOCUMENT FEE

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JUN 18 2018

BY

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FORM 631 - Revised: 11/2017