



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 29662		2. Exact name of the Corporation Perryville Bible Church	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island It is a church	
4. NAICS Code 813110			
6. Principal Office Address 220 Moonstone Beach Rd		City Wakefield	State RI
		Zip 02879	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name James Menzies		Vice-President Name NONE	
Street Address 2377 Post Rd		Street Address NONE	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
Secretary Name Heather Mills		Treasurer Name Sylvia Whaley	
Street Address 1933 Ministerial Rd		Street Address 1919 Ministerial Rd	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
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 Seekell		Director Name Samuel Whaley, Jr.	
Street Address 112 Old Mill Rd		Street Address 1919 Ministerial Rd	
City Charlestown	State RI	City Wakefield	State RI
Zip 02813		Zip 02879	
Director Name Charles Radl		Director Name NONE	
Street Address 23 Sand Hill Rd		Street Address NONE	
City Charlestown	State RI	City Wakefield	State RI
Zip 02813		Zip 02879	
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 Heather D. Mills, Secretary			Date 6/14/2018
Signature of Officer/Authorized Representative Heather D Mills SIGN DOCUMENT HERE			

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 18 2018

BY 8447 DS

FORM 631 - Revised: 11/2017