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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation	2018	
Non-Front Corporation		
→ Filing period: June 1 - June 30		

- → Filing period: June 1 → Filing Fee: \$20.00
- -> Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation						
29662	Perryville Bible Church						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI							
4. NAICS Code	It is a church						
813110							
6. Principal Office Address			City	State	Zip		
220 Moons	Moonstone Beach Rd		Wakefield	RI	02879		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name James	Menzies		Vice-President Name				
Street Address 2377 Post Rd	Post Rd		Street Address // // // C				
city Wakefield	State	Zp 62879	City	State	Zip		
· · · · · · · · · · · · · · · · · · ·	Mills		Treasurer Name Sylvia Whaley				
Street Address 1933 Minist	terial R	Street Address					
city Wakefield	State RI	^{Zip} 02879	city Wakefield	State RI	Zip 02879		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Wayne Seekell		Director Name Samuel	Whaley,	Jr.			
Street Address 112 010 Mill Rd		Street Address 1919 Ministerial Rd					
city Charlestown		Zip 02813	City Wakefield	State RI	Zip 02879		
Director Name Charles	• 1		Director Name	. 1	**		
Street Address 23 Sand		<u> </u>	Street Address	NE			
city Charlestown	State RI	zip 02813	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 Repres	entative			Date			
Heather D.	Hills, S	ecretary		6/14/	2018		
Heather D. Mills Secretary 6/14/2018 Signature of Officer/Authorized Representative Heather D. Mills Secretary U/14/2018							

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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