



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

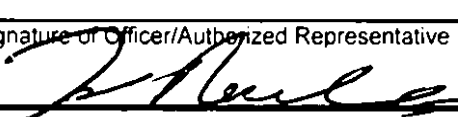
Annual Report for the year: **2018**

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 000028108		2. Exact name of the Corporation Calvin Presbyterian Church			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Church - Religious Organization			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 126 Angell Road		City Cumberland		State RI	Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Lillie Koney			Vice-President Name Krystle Pak		
Street Address 34 Georianna Avenue			Street Address 80 Prosect Street		
City North Smithfield	State RI	Zip 02895	City Bellingham	State MA	Zip 02019
Secretary Name Peter Cameron			Treasurer Name Todd Ravenelle		
Street Address 10 Meadow Glen Drive			Street Address 76 Austin Avenue		
City Lincoln	State RI	Zip 02865	City Greenville	State RI	Zip 02828
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name James West			Director Name Betty Conlon		
Street Address 20 Hampton Ct.			Street Address 64 Garvin Street		
City Bellingham	State MA	Zip 02019	City Cumberland	State RI	Zip 02864
Director Name Cliff Ledoux			Director Name		
Street Address 10 Tattersall Drive			Street Address		
City Lincoln	State RI	Zip 02865	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 Todd Ravenelle, Treasurer				Date 5-26-2018	
Signature of Officer/Authorized Representative 				FILED 66 JUN 20 AM 10:39 RECEIVED SECRETARY OF STATE CORPORATIONS DIV.	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov

JUN 20 2018

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