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	2. Exact name of the Corporation
000028108	**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 Organizatio**	

6. Principal Office Address	City	State	Zip
126 Angell Road	**Cumberland**	**RI**	**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	Date
Todd Ravenelle, Treasurer	**5-26-2018**

Signature of Officer/Authorized Representative

FILED

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JUN 20 2018

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.ri.gov

BY 333100
10:39

FORM 631 - Revised: 11/2017