

Department of State - Business Services Division

FILED

JUN 25 2018

BY SDO

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 30447		2. Exact name of the Corporation THE TRUSTEES FOR THE EPWORTH UNITED METHOD			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island RELIGIOUS			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 915 NEWPORT AVENUE			City PAWTUCKET	State RI	Zip 02861
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name COLLIN GILLESPIE			Vice-President Name ROBIN HARRIS		
Street Address 39 SARATOGA AVENUE			Street Address 24 CHANTILLY COURT		
City PAWTUCKET	State RI	Zip 02861	City SEEKONK	State MA	Zip 02771
Secretary Name DOROTHY HANIFORD			Treasurer Name BARBARA GILLESPIE		
Street Address 70 WITTIER ROAD			Street Address 39 SARATOGA AVENUE		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
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 WILLIAM BISHOP			Director Name LINDA BRADY		
Street Address 53 DAWSON STREET			Street Address 31 MARLAINE DRIVE		
City PAWTUCKET	State RI	Zip 02861	City SEEKONK	State MA	Zip 02771
Director Name PAUL GOUDREAU			Director Name ARTHUR PRESCOTT		
Street Address 912 NEWMAN AVENUE			Street Address 45 MAPLEWOOD DR		
City SEEKONK	State MA	Zip 02771	City PAWTUCKET	State RI	Zip 02861
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 <i>Barbara Gillespie</i>					Date 6-21-18
Signature of Officer/Authorized Representative <i>Barbara Gillespie</i>					