

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.

FILED
 JUN 25 2018
 BY SDO

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 Barbara Gillespie				Date 6-21-18	
Signature of Officer/Authorized Representative <i>Barbara Gillespie</i>					

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