



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

Annual Report for the year: **2018**

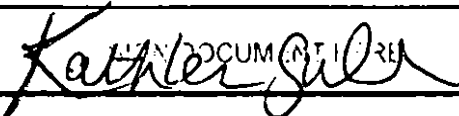
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee \$20.00

→ Penalty Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
2018 JUL 19 PM 12:54

1. Entity ID Number 27050		2. Exact name of the Corporation Barrington Congregational Church			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious organization			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 461 County Road		City Barrington		State RI	Zip 02806
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kathleen Sullivan			Vice-President Name None		
Street Address 7 School Street			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Secretary Name Patricia Cordeiro			Treasurer Name John Loerke		
Street Address 209 Riverside Drive			Street Address 254 Wayland Avenue, Apt. 1		
City East Providence	State RI	Zip 02915	City Providence	State RI	Zip 02906
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 Cheryl Muth			Director Name Jane Tonn		
Street Address 46 Griffith Drive			Street Address 46 Townsend Street		
City Riverside	State RI	Zip 02915	City Barrington	State RI	Zip 02806
Director Name Barbara Wuth			Director Name		
Street Address 3 Fireside Drive			Street Address		
City Barrington	State RI	Zip 02806	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 Kathleen Sullivan				Date July 15, 2018	
Signature of Officer/Authorized Representative 					

FILED

MAIL TO:

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

JUL 19 2018

BY 

FORM 631 - Revised: 11/2017

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