



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 000026698		2. Exact name of the Corporation Arnold Mills United Methodist Church			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Local church			
4. NAICS Code 813110					
6. Principal Office Address 690 Nate Whipple Highway			City Cumberland	State RI	Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Keith Johnson			Vice-President Name		
Street Address 547 Woonsocket Hill Road			Street Address		
City North Smithfield	State RI	Zip 02896	City	State	Zip
Secretary Name Pauline Belisle			Treasurer Name Cynthia Mauch		
Street Address 3 Evans Street			Street Address 23 Wollen Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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 Keith Johnson			Director Name Cynthia Mauch		
Street Address 547 Woonsocket Hill Road			Street Address 23 Wollen Drive		
City North Smithfield	State RI	Zip 02896	City Cumberland	State RI	Zip 02864
Director Name Pauline Belisle			Director Name		
Street Address 3 Evans Street			Street Address		
City Cumberland	State RI	Zip 02864	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Cynthia A. Mauch				Date 07/25/2018	
Signature of Officer/Authorized Representative <i>Cynthia A Mauch</i>					

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

FILED
 JUL 27 2018
 9400