



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 <b>000026698</b>		2. Exact name of the Corporation <b>Arnold Mills United Methodist Church</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Local church</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>690 Nate Whipple Highway</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Keith Johnson</b>			Vice-President Name		
Street Address <b>547 Woonsocket Hill Road</b>			Street Address		
City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City	State	Zip
Secretary Name <b>Pauline Belisle</b>			Treasurer Name <b>Cynthia Mauch</b>		
Street Address <b>3 Evans Street</b>			Street Address <b>23 Wollen Drive</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Keith Johnson</b>			Director Name <b>Cynthia Mauch</b>		
Street Address <b>547 Woonsocket Hill Road</b>			Street Address <b>23 Wollen Drive</b>		
City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
Director Name <b>Pauline Belisle</b>			Director Name		
Street Address <b>3 Evans Street</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	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.					
<b>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.</b>					
<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 <b>Cynthia A. Mauch</b>				Date <b>07/26/2018</b>	
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](http://www.sos.ri.gov)

**FILED**  
**JUL 27 2018**  
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FORM 631 - Revised: 11/2017