



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2015
 Non-Profit Corporation

2018 AUG -1 AM 10:39

- 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 000031358		2. Exact name of the Corporation Riverpoint Congregational Church	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island non-profit religious organization	
4. NAICS Code 813110			
6. Principal Office Address 75 Providence Street		City West Warwick	State RI
		Zip 02893	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Armand DaSilva / Trustee		Vice President Name Brian Mills / Trustee	
Street Address 4 Pond View Drive		Street Address 590 Taylor Hill Rd	
City West Warwick	State RI	City Griswold	State CT
Zip 02893		Zip 06352	
Secretary Name Sandra M. Leonard		Treasurer Name Sandra M Leonard	
Street Address 80 Shady Hill Drive		Street Address 80 Shady Hill Drive	
City West Warwick	State RI	City West Warwick	State RI
Zip 02893		Zip 02893	
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 Hampton Woodhouse		Director Name Jodie Barrette	
Street Address 67 Ben Brown Avenue		Street Address 16 Vanderbilt Terrace	
City Hope	State RI	City Coventry	State RI
Zip 02831		Zip 02816	
Director Name Dianne Rchette DaSilva		Director Name	
Street Address 4 Pond View Drive		Street Address	
City West Warwick	State RI	City	State
Zip 02893		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.			
<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 SANDRA M LEONARD			Date 28 July 2018
Signature of Officer/Authorized Representative Sandra M Leonard, Secretary/Treasurer			

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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