



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

Annual Report for the year:

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 000044412		2. Exact name of the Corporation ST ANDREW LUTHERAN CHURCH	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CHURCH / RELIGIOUS	
4. NAICS Code 813110			
6. Principal Office Address 15 EAST BEACH RD		City CHARLESTOWN	State RI Zip 02813
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name SKIP HOFFMAN		Vice-President Name ALLEN LEADBETTER	
Street Address 25 LAUREL AVE		Street Address 16 HANDEL RD	
City WESTERLY	State RI Zip 02891	City WESTERLY	State RI Zip 02891
Secretary Name DANA MILLAR		Treasurer Name LAURIE ROY	
Street Address 32 HILLSDALE RD		Street Address 57 RIIDAM WAY	
City WEST KINGSTON	State RI Zip 02892	City CHARLESTOWN	State RI Zip 02813
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name PASTOR LISA STOEN HAZELWOOD		Director Name MILT FERGUSON	
Street Address 44 OLD SHANNOCK RD		Street Address 45 OAK RD	
City SOUTH KINGSTON	State RI Zip 02879	City SOUTH KINGSTON	State RI Zip 02879
Director Name JEAN FOURNIER		Director Name GAIL MCCARTHY	
Street Address 114 GRANITE ST UNIT 210		Street Address 5 BRACKEN HILL CT	
City WESTERLY	State RI Zip 02891	City CAROLINA	State RI Zip 02812
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 SKIP HOFFMAN PRESIDENT			Date 7/25/18
Signature of Officer/Authorized Representative 			

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

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FORM 631 - Revised: 11/2017

St Andrew 2018 Council (Directors) Members continued

Karen Soderberg Gomez
24 Crestmont Dr
Carolina, RI 02812

Josh Hedin
40 Indian Cedar Dr
Charlestown, RI 02813

Mary Raymond
940 Quaker lane unit 1401
East Greenwich, RI 02818

Michelle Sabia
22 Batterson Ave
Westerly, RI 02891

Charlie Hall
6 Tug Hollow Way
Wyoming, RI 02898

Nancy Tanner
9 King Phillip Trail
Charlestown, RI 02813