



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

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 SECRETARY OF  
 CORPORATIONS DIV  
 2018 AUG 30 AM 11:53

**Annual Report for the year: 2017**

**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>110663</b>		2 Exact name of the Corporation <b>Burrillville Apostolic Church</b>			
3 State of Incorporation <b>Rhode Island</b>		5 Brief description of the character of business conducted in Rhode Island <b>Church</b>			
4 NAICS Code <b>813110 - Religious Organization</b>					
6 Principal Office Address <b>776 S. Main Street</b>		City <b>Pascoag</b>	State <b>RI</b>	Zip <b>02859</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>Lisle A. Lindsay</b>		Vice-President Name			
Street Address <b>P.O. Box 393</b>		Street Address			
City <b>Wrentham</b>	State <b>MA</b>	Zip <b>02093</b>	City	State	Zip
Secretary Name <b>Judith L. Lindsay</b>		Treasurer Name <b>Lisle A. Lindsay</b>			
Street Address <b>P.O. Box 393</b>		Street Address <b>P.O. Box 393</b>			
City <b>Wrentham</b>	State <b>MA</b>	Zip <b>02093</b>	City <b>Wrentham</b>	State <b>MA</b>	Zip <b>02093</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>Lisle A. Lindsay</b>		Director Name <b>Judith L. Lindsay</b>			
Street Address <b>P.O. Box 393</b>		Street Address <b>P.O. Box 393</b>			
City <b>Wrentham</b>	State <b>MA</b>	Zip <b>02093</b>	City <b>Wrentham</b>	State <b>MA</b>	Zip <b>02093</b>
Director Name <b>Alice I. McComb</b>		Director Name			
Street Address <b>776 S. Main Street</b>		Street Address			
City <b>Pascoag</b>	State <b>RI</b>	Zip <b>02859</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>Lisle A. Lindsay</b>				Date <b>8/28/18</b>	
Signature of Officer/Authorized Representative <i>Lisle A. Lindsay</i> <span style="float: right;">SIGN DOCUMENT HERE</span>					

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

11:54 FILED

AUG 30 2018

BY *PO-RTDST*

FORM 931 - Revised: 11/2017