



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

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

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 SECRETARY OF
 CORPORATIONS DIV
 2018 AUG 30 AM 11:53

1 Entity ID Number 110663		2 Exact name of the Corporation Burrillville Apostolic Church			
3 State of Incorporation Rhode Island		5 Brief description of the character of business conducted in Rhode Island Church			
4 NAICS Code 813110 - Religious Organization					
6 Principal Office Address 776 S. Main Street		City Pascoag	State RI	Zip 02859	
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lisle A. Lindsay			Vice-President Name		
Street Address P.O. Box 393			Street Address		
City Wrentham	State MA	Zip 02093	City	State	Zip
Secretary Name Judith L. Lindsay			Treasurer Name Lisle A. Lindsay		
Street Address P.O. Box 393			Street Address P.O. Box 393		
City Wrentham	State MA	Zip 02093	City Wrentham	State MA	Zip 02093
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 Lisle A. Lindsay			Director Name Judith L. Lindsay		
Street Address P.O. Box 393			Street Address P.O. Box 393		
City Wrentham	State MA	Zip 02093	City Wrentham	State MA	Zip 02093
Director Name Alice I. McComb			Director Name		
Street Address 776 S. Main Street			Street Address		
City Pascoag	State RI	Zip 02859	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.					
<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 Lisle A. Lindsay				Date 8/28/18	
Signature of Officer/Authorized Representative <i>Lisle A. Lindsay</i> SIGN DOCUMENT HERE					

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

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AUG 30 2018

BY *PO-RTDST*

FORM 631 - Revised: 11/2017