

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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CORPORATIONS DIV  
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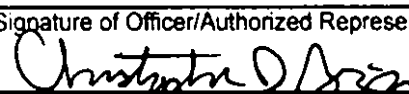
Annual Report for the year: **2018**

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<br><b>649544</b>                                                                                                                                                                               |                 | 2. Exact name of the Corporation<br><b>The Globe Congregational Church, Incorporated</b>                                                                                                                                                         |                                            |                    |                           |
| 3. State of Incorporation<br><b>RI</b>                                                                                                                                                                             |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>Meets annually to discuss disbursement of corporation funds to local organizations and for scholarships to children of Slatersville Congregational Church.</b> |                                            |                    |                           |
| 4. NAICS Code<br><b>813219 - Other Grantmaking an</b>                                                                                                                                                              |                 |                                                                                                                                                                                                                                                  |                                            |                    |                           |
| 6. Principal Office Address<br><b>129 Rustic Dr</b>                                                                                                                                                                |                 |                                                                                                                                                                                                                                                  | City<br><b>Woonsocket</b>                  | State<br><b>RI</b> | Zip<br><b>02895</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>Robert N Briggs</b>                                                                                                                                                                              |                 |                                                                                                                                                                                                                                                  | Vice-President Name                        |                    |                           |
| Street Address <b>129 Rustic Dr</b>                                                                                                                                                                                |                 |                                                                                                                                                                                                                                                  | Street Address                             |                    |                           |
| City <b>Woonsocket</b>                                                                                                                                                                                             | State <b>RI</b> | Zip <b>02895</b>                                                                                                                                                                                                                                 | City                                       | State              | Zip                       |
| Secretary Name <b>Darlene B Magaw</b>                                                                                                                                                                              |                 |                                                                                                                                                                                                                                                  | Treasurer Name <b>Christopher D Briggs</b> |                    |                           |
| Street Address <b>663 Town Farm Rd</b>                                                                                                                                                                             |                 |                                                                                                                                                                                                                                                  | Street Address <b>501 S Main St</b>        |                    |                           |
| City <b>Pascoag</b>                                                                                                                                                                                                | State <b>RI</b> | Zip <b>02859</b>                                                                                                                                                                                                                                 | City <b>Woonsocket</b>                     | State <b>RI</b>    | Zip <b>02895</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>Robert N Briggs</b>                                                                                                                                                                               |                 |                                                                                                                                                                                                                                                  | Director Name <b>Darlene B Magaw</b>       |                    |                           |
| Street Address <b>129 Rustic Dr</b>                                                                                                                                                                                |                 |                                                                                                                                                                                                                                                  | Street Address <b>663 Town Farm Road</b>   |                    |                           |
| City <b>Woonsocket</b>                                                                                                                                                                                             | State <b>RI</b> | Zip <b>02895</b>                                                                                                                                                                                                                                 | City <b>Pascoag</b>                        | State <b>RI</b>    | Zip <b>02859</b>          |
| Director Name <b>Christopher D Briggs</b>                                                                                                                                                                          |                 |                                                                                                                                                                                                                                                  | Director Name                              |                    |                           |
| Street Address <b>501 S Main St</b>                                                                                                                                                                                |                 |                                                                                                                                                                                                                                                  | Street Address                             |                    |                           |
| City <b>Woonsocket</b>                                                                                                                                                                                             | State <b>RI</b> | Zip <b>02895</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>        |                 |                                                                                                                                                                                                                                                  |                                            |                    |                           |
| <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<br><b>Christopher D Briggs</b>                                                                                                                                           |                 |                                                                                                                                                                                                                                                  |                                            |                    | Date<br><b>12/20/2018</b> |
| Signature of Officer/Authorized Representative<br>                                                                               |                 |                                                                                                                                                                                                                                                  |                                            |                    |                           |

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