State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2018 DEC 20 AM 11:56

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	2. Exact name of the Corporation
649544	**The Globe Congregational Church, Incorporated**
3. State of Incorporation **RI**	5. Brief description of the character of business conducted in Rhode Island **Meets annually to discuss disbursement of corporation funds to local organizations and for scholarships to children of Slatersville Congregational Church.**
4. NAICS Code **813219 - Other Grantmaking an**	

6. Principal Office Address	City	State	Zip
129 Rustic Dr	**Woonsocket**	**RI**	**02895**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Robert N Briggs**			Vice-President Name		
Street Address **129 Rustic Dr**			Street Address		
City **Woonsocket**	State **RI**	Zip **02895**	City	State	Zip
Secretary Name **Darlene B Magaw**			Treasurer Name **Christopher D Briggs**		
Street Address **663 Town Farm Rd**			Street Address **501 S Main St**		
City **Pascoag**	State **RI**	Zip **02859**	City **Woonsocket**	State **RI**	Zip **02895**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name **Robert N Briggs**			Director Name **Darlene B Magaw**		
Street Address **129 Rustic Dr**			Street Address **663 Town Farm Road**		
City **Woonsocket**	State **RI**	Zip **02895**	City **Pascoag**	State **RI**	Zip **02859**
Director Name **Christopher D Briggs**			Director Name		
Street Address **501 S Main St**			Street Address		
City **Woonsocket**	State **RI**	Zip **02895**	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.

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	Date
Christopher D Briggs	**12/20/2018**

Signature of Officer/Authorized Representative

Christopher D Briggs

FILED

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

FORM 631 - Revised: 06/2017