



RI SOS Filing Number: 201986858540
State of Rhode Island and Providence Plantations

Date: 2/14/2019 4:00:00 PM

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2019

→ 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 STATE
CORPORATIONS DIV
2019 FEB 15 AM 10:50

1. Entity ID Number <u>78749 S</u>		2. Exact name of the Corporation <u>S. Stephen's Church in Providence, RI</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Religious</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>114 George Street</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02906</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Dr. Thomas Bledsoe</u>		Vice-President Name <u>Mrs. Alison Huff</u>	
Street Address <u>50 Lincoln Avenue</u>		Street Address <u>14 East Manning Street</u>	
City <u>Barrington</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02906</u>
Secretary Name <u>Mrs. Molly Bledsoe Ellis</u>		Treasurer Name <u>Mrs. Muriel Jobbers</u>	
Street Address <u>25 Messer Street</u>		Street Address <u>57 Faunce Drive</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02906</u>
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 <u>Mr. George D. Ryan</u>		Director Name <u>Ms. Patricia Barnes</u>	
Street Address <u>17 Young Lane</u>		Street Address <u>16 Parkside Drive</u>	
City <u>Johnston</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02910</u>
Director Name <u>Bruce Lennihan</u>		Director Name <u>Robert Rose</u>	
Street Address <u>190 Sheldon Road</u>		Street Address <u>16 Norman Street</u>	
City <u>Wrentham</u>	State <u>MA</u>	City <u>Cumberland</u>	State <u>RI</u> Zip <u>02864</u>
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 <u>Dr. Thomas Bledsoe</u>		Date <u>2/14/19</u>	
Signature of Officer/Authorized Representative <u>Thomas A Bledsoe</u>			

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FEB 14 2019

BY YGB/SS
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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