



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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 CORPORATIONS DIV
 STATE OF RHODE ISLAND

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1. Entity ID Number DNP- 30333		2. Exact name of the Corporation PORTSMOUTH EVANGELICAL FRIENDS CHURCH			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island AN ACTIVE CHURCH WHICH PROVIDES WORSHIP SERVICES, RELIGIOUS INSTRUCTION AND ENGAGES IN CHARITABLE WORK			
4. NAICS Code 813110					
6. Principal Office Address 11 MIDDLE ROAD		City PORTSMOUTH		State RI	Zip 02871
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GEORGE CLAUER			Vice-President Name CHRISTAL CLAUER		
Street Address 146 CORYS LANE			Street Address 146 CORYS LANE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name GEORGE CLAUER			Treasurer Name CHRISTAL CLAUER		
Street Address 146 CORYS LANE			Street Address 146 CORYS LANE		
City PORTSMOUTH	State RI	Zip 02871	City POTSMOUTH	State RI	Zip 02871
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 GEORGE CLAUER			Director Name TIFFANIE JANELLE		
Street Address 146 CORYS LANE			Street Address 62 WINDWARD DRIVE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Director Name CHRISTAL CLAUER			Director Name		
Street Address 146 CORYS LANE			Street Address		
City PORTSMOUTH	State RI	Zip 02871	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.					
<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					Date 1 APR 19
Signature of Officer/Authorized Representative <i>George W. Clauer</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.ri.gov

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FORM 631 - Revised: 11/2017

BY CHODOSQ