



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2019

FILED

MAY 23 2019

BY

1414 DS

- 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 30426 | | 2. Exact name of the Corporation THE WOMEN'S GUILD OF THE BENEFICENT CONGREGATIONAL CHURCH (UNITED CHURCH OF CHRIST) | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island CHURCH | |
| 4. NAICS Code 813110 | | | |
| 6. Principal Office Address 300 WEYBOSSET STREET | | City PROVIDENCE | State RI |
| | | Zip 02903 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name MARY I RYDER | | Vice-President Name IRENE HOPE - INVESTMENT ADVISOR | |
| Street Address 171 LAUREL AVE | | Street Address 15 RIDGEFIELD DRIVE | |
| City PROVIDENCE | State RI | City EAST GREENWICH | State RI |
| Zip 02906 | | Zip 02818 | |
| Secretary Name NONE | | Treasurer Name JANE S. EASTMAN | |
| Street Address | | Street Address 29 KIRKBRAE DRIVE | |
| City | State | City LINCOLN | State RI |
| Zip | | Zip 02865 | |
| 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 IRENE HOPE | | Director Name JANE EASTMAN | |
| Street Address 15 RIDGEFIELD DRIVE | | Street Address 29 KIRKBRAE DRIVE | |
| City EAST GREENWICH | State RI | City LINCOLN | State RI |
| Zip 02818 | | Zip 02865 | |
| Director Name CAROL KANEA | | Director Name NONE | |
| Street Address 331 CENTERVILLE ROAD, APT 414 | | Street Address | |
| City WARWICK | State RI | City | State |
| Zip 02886 | | 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 JANE S. EASTMAN | | | Date 5/20/2019 |
| Signature of Officer/Authorized Representative <i>Jane S. Eastman</i> SIGN DOCUMENT HERE | | | |