Annual Report for the year:	20	19	FILED		
Non-Profit Corporation → Filing period: June 1 - June 30			MAY 2 3 2019		
→ Filing Fee: \$20.00	→ Filing Fee: \$20.00			11	LUIS C
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.			E	3YU	114 13
1. Entity ID Number	2. Exact name of the Corporation THE WOMEN'S GUILD OF THE TBENEFICENT CONGREGATIONAL				
30426	CHURC (UNITED CHURCH OF CHRIST)				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
RI	CHURCH				
4. NAICS Code	CHAKE	<i>-</i> [7]			
813110					
6. Principal Office Address		<u> </u>	City	State	Zip
300 WEYBOSSET STREET			PROVIDENCE	RI	02903
7. List ALL officers (names and addresses)			Check the box to indicate an attachment		
President Name MARY I RYDER			Vice-President Name IRENE HOPE - INVESTMENT ADVISOR		
Street Address 171 LAUREL AVE			Street Address 15 RIDGEFIELD DRIVE		
PROVIDENCE	State RT	Zip 02906	City EAST GREEWICH	State RT	2ip 02818
Secretary Name			Treasurer Name JANE S. EASTMAN		
Street Address			Street Address		
City	State	Zip	1 29 KIRKBRAE	DRIVE State	Zip
9. Liet ALL disectors (names and as	ddaaaaa) Dl Car	montine MUST	LINCOLN	RI	ZB 2865
List ALL directors (names and actions)	ouresses). Ri Coi	rporations mus i i		neck the box to ind	licate an attachment
Director Name LRENE HOPE			Director Name JANE EASTMAN		
Street Address			Street Address		
15 KIDGEFIE	LD DRII	Zip	1 29 KIRKBRA	State	
EAST GREENWICH	State RI	02818	LINCOLN	RI	02865
Director Name CAROL KANEA			Director Name NONE		
Street Address 331 CENTERVILLE ROAD, APT 414			Street Address		
City WARWICK	State RT	Zip 02886	City	State	Zip
			d in the Department of State. Changes re	equire filing Form	641.
Under penalty of perjury, I declar statements, and that all statemen			d this report, including any accord	npanying sche	dules and
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	1
JANE S. EASTMAN				5/20	0/2019
Signature of Officer/Authorized Rep	\mathcal{L}	SIGNIDOO	UlifeNi cifeRt	,	•
Jane J.	Castr	nan	•	·	
MAIL TO: V					

Division of Business Services
148 W. River Street, Providence

148 W. River Street, Providence, Rhode Island 02904-2615

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Phone: (401) 222-3040 Website: www.sos.ri.gov