STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Amended.

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: June 1 - June 30 ● Filing Fee: $20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
27228	First Congregational Church in Bristol		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
Rhode Island	281 High Street	Bristol	02809
5. Foreign corporation: Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

Religious

7. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Sandra Fyfe	19 Congregational St	Bristol	RI	02809

Vice President Name	Street Address	City	State	Zip
David Sartrys	36 DeWolf Ave.	Bristol	RI	02809

Secretary Name	Street Address	City	State	Zip
Beth Caromile	16 Sullivan Lane	Bristol	RI	02809

Treasurer Name	Street Address	City	State	Zip
Kevin O'Malley	49 King Philip Ave.	Bristol	RI	02809

8. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3).R.I.G.L. 7-6-23

Director Name	Street Address	City	State	Zip
Roger Dubord	4 Captain St.	Bristol	RI	02809

Director Name	Street Address	City	State	Zip
David Freeman	75 Prospect Lane	Portsmouth	RI	02871

Director Name	Street Address	City	State	Zip
Karen Griffith Dieterich	23 Naomi St.	Bristol	RI	02809

9. REGISTERED AGENT IN RHODE ISLAND ***-DO NOT ALTER-*** **Changes require filing of Form 641** *-R.I.G.L. 7-6-13 / 7-6-78*

Agent Name	Address	City	Zip
Beth Caromile	(Home) 16 Sullivan Lane	Bristol	02809

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Beth Caromile — 3/9/04
Signature of Officer — *Date*

Beth Caromile
Print or Type Name of Officer

Secretary
Title of Officer

Form 631 Rev. 6/02

File Date 4/1/04
Check No.
By: CA
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