

Department of State - Business Services Division

Annual Report for the year: **2019**

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.

**FILED**

JUN 05 2019

BY

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1. Entity ID Number <b>000028108</b>		2. Exact name of the Corporation <b>Calvin Presbyterian Church</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Church-Religious Organization</b>			
4. NAICS Code <b>813110 - Religious Organiza</b>					
6. Principal Office Address <b>126 Angell Road</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Lillie Koney</b>		Vice-President Name <b>Krystle Pak</b>			
Street Address <b>34 Georgianna Ave</b>		Street Address <b>80 Prospect Street</b>			
City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Bellingham</b>	State <b>MA</b>	Zip <b>02019</b>
Secretary Name <b>Peter Cameron</b>		Treasurer Name <b>Todd Ravenelle</b>			
Street Address <b>10 Meadow Glen Drive</b>		Street Address <b>76 Austin Avenue</b>			
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>
8. List ALL directors (names and addresses) RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>James West</b>		Director Name <b>Larry Wood</b>			
Street Address <b>20 Hampton Court</b>		Street Address <b>92 St. Paul Street</b>			
City <b>Bellingham</b>	State <b>RI</b>	Zip <b>02019</b>	City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>
Director Name <b>Valerie Large</b>		Director Name <b>None</b>			
Street Address <b>25 Mayflower Drive</b>		Street Address <b>None</b>			
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>None</b>	State <b>None</b>	Zip <b>None</b>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative <b>Peter Cameron, Secretary</b>				Date <b>May 17, 2019</b>	
Signature of Officer/Authorized Representative 					

MAIL TO:  
 Division of Business Services  
 148 W River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040