RI SOS Filing Number: 201995743150 Date: 6/6/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

## **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.

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1. Entity ID Number	2. Exact name of the Corporation					
000140972	Christ Church, in the town of Westerly					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
RI	Religious organization					
4. NAICS Code						
813110 - Religious Organizati						
6. Principal Office Address	<del>.</del>		City	State	Zip	
7 Elm Street			Westerly	RI	02891	
7. List ALL officers (names and addresses)  Check the box to indicate an attachment						
Resident Name Senior Warden / Elizabeth Rice			Wea Procident Name Junior Warden / Caswell Cooke Jr.			
Street Address 7 Elm Street			Street Address 7 Elm Street			
City Westerly	State RI	<sup>Zip</sup> 02891	City Westerfy	State RI	<sup>Zip</sup> 02891	
Secretary Name Clerk / Sarah Starkweather			Treasurer Name Stephanie Blanchette			
Street Address 7 Elm Street		Street Address 7 Elm Street				
City Westerly	State RI	<sup>Zip</sup> 02891	City Westerly	State RI	<sup>Zip</sup> 02891	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment						
Director Name Kuruvilla K. Chandy			Director Name Caswell Cooke Jr.			
Street Address 7 Elm Street			Street Address 7 Elm Street			
<sup>City</sup> Westerly	State RI	<sup>Zip</sup> 02891	City Westerly	State RI	<sup>Zip</sup> 02891	
Director Name Elizabeth Rice		Director Name				
Street Address 7 Elm Street			Street Address			
City Westerly	State RI	<sup>Zip</sup> 02891	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.						
This report must be signed by either the President, Vice-President, Secretary, Assistent Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative Sarah Starkweather, Clerk				Date June 4, 2019		
Signature of Officer/Authorized Representative						

MAIL TO:

**Division of Business Services** 

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

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