



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year:

Non-Profit Corporation

2019

JUN 06 2019

BY

3788
LOK

→ 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 31353		2. Exact name of the Corporation Riverpoint Advent Christian Church at West Warwick	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Conducting religious services of worship and Bible Studies	
4. NAICS Code 813110			
6. Principal Office Address 1107 Main Street		City West Warwick	State RI
		Zip 02893	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Richard P. Champagne		Vice President Name ^{Pastor} Rev. Douglas W. Tourgee	
Street Address 2 Old Hope Road		Street Address 174 Fairview Avenue	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
Secretary Name Doreen F. Waddington		Treasurer Name Robert Skorsbad	
Street Address 17 Calvin Street		Street Address 9 Hill Street	
City Hope	State RI	City Coventry	State RI
Zip 02831		Zip 02816	
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 Gail Champagne		Director Name John Seraichyk	
Street Address 2 Old Hope Road		Street Address 3 Dogwood Drive	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
Director Name Frederic K D Waddington		Director Name Betty Warfield	
Street Address 17 Calvin Street		Street Address 53 Meadow Drive	
City Hope	State RI	City West Warwick	State RI
Zip 02831		Zip 02831	
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 Doreen F. Waddington			Date 6-4-2019
Signature of Officer/Authorized Representative Doreen F. Waddington SIGN DOCUMENT HERE			

MAIL TO:

Division of Business Services

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

: (401) 222-3040

: www.sos.n.gov

FORM 631 - Revised: 03/2019