



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

**FILED**

JUN 07 2019 *02*

RY 5130

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.

1. Entity ID Number <b>001668691</b>		2. Exact name of the Corporation <b>ST. THOMAS EPISCOPAL CHURCH, ALTON, RI</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>EXCLUSIVELY FOR RELIGIOUS, CHARITABLE AND EDUCATIONAL PURPOSES TO PROVIDE AND OPERATE PROGRAMS, SACRAMENTS,, AND OUTREACH.</b>			
4. NAICS Code <b>813110 - Religious Organ</b> <input type="checkbox"/>					
6. Principal Office Address <b>322 CHURCH ST. / P.O. BOX 33</b>		City <b>ALTON</b>	State <b>RI</b>	Zip <b>02894</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>NONE</b>		Vice-President Name <b>NONE</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name <b>BRENDA PATER</b>		Treasurer Name <b>ROBERT L. HAFEY</b>			
Street Address <b>654 ALTON CAROLINA ROAD</b>		Street Address <b>7 HOXSIE ROAD</b>			
City <b>CAROLINA</b>	State <b>RI</b>	Zip <b>02812</b>	City <b>RICHMOND</b>	State <b>RI</b>	Zip <b>02892</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>MARY E. HAFEY</b>		Director Name <b>BETTINE E. BESIER</b>			
Street Address <b>7 HOXSIE ROAD</b>		Street Address <b>30 SCOTCH CAP ROAD</b>			
City <b>RICHMOND</b>	State <b>RI</b>	Zip <b>02892</b>	City <b>QUAKER HILL</b>	State <b>CT</b>	Zip <b>06375</b>
Director Name <b>WILLIAM GRIMES</b>		Director Name <b>NONE</b>			
Street Address <b>22 CAROLINA MAIN STREET</b>		Street Address			
City <b>CAROLINA</b>	State <b>RI</b>	Zip <b>02812</b>	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.					
<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>MARY E. HAFEY</b>				Date <b>6/03/2019</b>	
Signature of Officer/Authorized Representative <i>Mary E. Hafey</i>				SIGN DOCUMENT HERE	

MAIL TO:  
 Division of Business Services  
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 Phone: (401) 222-3040  
 Website: www.sos.ri.gov