



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.

FILED

JUN 10 2019

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1. Entity ID Number 000026489		2. Exact name of the Corporation Holy Trinity Parish			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious worship & service to community			
4. NAICS Code 813110 - Religious Organiza					
6. Principal Office Address 1956 Main Road		City Tiverton		State RI	Zip 02878
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name The Rev. John E. Higginbotham		Vice-President Name Samuel Hester			
Street Address 1954 Main Road		Street Address 8 Jib Court			
City Tiverton	State RI	Zip 02878	City Middletown	State RI	Zip 02842
Secretary Name Alexander F. Grande		Treasurer Name David A. Brower			
Street Address 106 Spring Hill Road		Street Address 128 Sakonnet Ridge Drive			
City Portsmouth	State RI	Zip 02871	City Tiverton	State RI	Zip 02878
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 Linda Kirby		Director Name Brenda Medeiros			
Street Address 49 Summit Avenue		Street Address 58 Fordham Drive			
City Tiverton	State RI	Zip 02878	City Somerset	State MA	Zip 02726
Director Name Marilou Dutra		Director Name Scott Sherman			
Street Address 127 Bigelow Street - 3rd Floor		Street Address 39 Richmond Street			
City Fall River	State MA	Zip 02724	City Bristol	State RI	Zip 02809
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 The Rev. John E. Higginbotham				Date 6/05/2019	
Signature of Officer/Authorized Representative <i>The Rev. John E. Higginbotham</i> SIGN DOCUMENT HERE +					

MAIL TO:
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