



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

Annual Report for the year: 2019
 Non-Profit Corporation

FILED

JUN 19 2019

BY 3122 OS

- 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 28389		2. Exact name of the Corporation Oakland Beach Congregational Church United Church of Christ			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious			
4. NAICS Code 813110 - Religious Organizati					
6. Principal Office Address 715 Oakland Beach Ave.			City Warwick	State RI	Zip 02885
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name C. Harry Edwards			Vice-President Name		
Street Address 142 Sea View Drive			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Secretary Name Dianna Hall			Treasurer Name Richard Legge		
Street Address 29 Marjorie Lane			Street Address 56 Woodland Rd.		
City Warwick	State RI	Zip 02886	City E. Greenwich	State RI	Zip 02818
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 C. Harry Edwards			Director Name Johnathon Miller		
Street Address 142 Sea View Dr.			Street Address 83 Hermit Dr		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Director Name Richard Legge			Director Name Thomas Sawyer		
Street Address 56 Woodland Rd			Street Address 77 Second Point Road		
City E. Greenwich	State RI	Zip 02818	City Warwick	State RI	Zip 02889
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.					
<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 Dianna L Hall				Date 6-19-19	
Signature of Officer/Authorized Representative Dianna L Hall				SIGNATURE DOCUMENT HERE	

MAIL TO:
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 Website: www.sos.ri.gov