



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 26 2019
 BY 2700 DS

1. Entity ID Number 000028549		2. Exact name of the Corporation The Religious Society of Bell Street Chapel					
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Unitarian Universalist church offering worship services.					
4. NAICS Code 813110 - Religious Organ <input type="checkbox"/>							
6. Principal Office Address 5 Bell Street				City Providence		State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Jena Gaines				Vice-President Name None			
Street Address 160 Courtland Street				Street Address			
City Providence		State RI	Zip 02908	City		State	Zip
Secretary Name Tarah Tamayo				Treasurer Name Nancy T. Whit			
Street Address 68 Hendrick Street				Street Address 121 Sherwood Street			
City Providence		State RI	Zip 02908	City Providence		State RI	Zip 02908
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 Clara Hardy				Director Name Cindy Palmieri			
Street Address 1560 Douglas Ave. # F79				Street Address 31 Broadmoor Rd.			
City N. Providence		State RI	Zip 02904	City Cranston		State RI	Zip 02910
Director Name Stuart Smith				Director Name Shannon Donahue			
Street Address 319 Elmdale Rd.				Street Address 76 Daniel Ave.			
City N. Smithfield		State RI	Zip 02857	City Providence		State RI	Zip 02909
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 Nancy T. Whit, Treasurer						Date 6/24/19	
Signature of Officer/Authorized Representative <i>Nancy T. Whit</i>						SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov