



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 27 2019

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|--|-----------------|---|---|------------------------------|---------------------|
| 1. Entity ID Number 000027445 | | 2. Exact name of the Corporation Bliss Four Corners Congregational Church | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island Congregational Church | | | |
| 4. NAICS Code 813110 - Religious Organiza | | | | | |
| 6. Principal Office Address 1264 Stafford 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 Reverend William McPherson | | | Vice-President Name Ramona Stanley | | |
| Street Address 600 Bullock Street | | | Street Address 18F Rolling Green Drive | | |
| City Fall River | State MA | Zip 02720 | City Fall River | State MA | Zip 02720 |
| Secretary Name Amanda Carr | | | Treasurer Name June Parks | | |
| Street Address 296 Long Highway | | | Street Address 18 Ledyard Street | | |
| City Little Compton | State RI | Zip 02837 | City Newport | State RI | Zip 02840 |
| 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 Wayne Carr | | | Director Name Sue Anderson | | |
| Street Address 296 Long Highway | | | Street Address 1137 Main Road | | |
| City Little Compton | State RI | Zip 02837 | City Tiverton | State RI | Zip 02878 |
| Director Name June Parks | | | Director Name Amanda Carr | | |
| Street Address 18 Ledyard Street | | | Street Address 296 Long Highway | | |
| City Newport | State RI | Zip 02840 | City Little Compton | State RI | Zip 02837 |
| 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 Amanda Carr | | | | Date June 20, 2019 | |
| Signature of Officer/Authorized Representative <i>Amanda Carr</i> | | | | SIGN DOCUMENT HERE | |

MAIL TO:
Division of Business Services
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