



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

FILED

Annual Report for the year: **2019**

Non-Profit Corporation

JUL 01 2019

BY 1964DS

- 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 86890		2. Exact name of the Corporation Benjamin Church Development Corp.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To develop and manage low income housing.			
4. NAICS Code 531110					
6. Principal Office Address Manor Drive			City Bristol	State RI	Zip 02809
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John E. Faria			Vice-President Name Domenic C. Canna		
Street Address 1039 Hope Street			Street Address 117 Beach Road		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name M. Candace Pansa			Treasurer Name John M. Day		
Street Address 46 Clipper Way			Street Address 31 Michael Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name John E. Faria			Director Name John M. Day		
Street Address 1039 Hope Street			Street Address 31 Michael Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Domenic C. Canna			Director Name Charles E. Millard		
Street Address 117 Beach Road			Street Address 620 Hope Street		
City Bristol	State RI	Zip 02809	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.					
<i>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>					
<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 M. Candace Pansa, Secretary <i>M. Candace Pansa</i>					Date June 24, 2019
Signature of Officer/Authorized Representative					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02934-2015
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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Additional Director:

Linda Silveira
7 Howe Street
Bristol, RI 02809

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BY 19764 DS

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