



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JUL 01 2019

Annual Report for the year:

Non-Profit Corporation

2019

→ 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 31126		2. Exact name of the Corporation Rhode Island United Methodist Association	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Promote and Coordinate the work of United Methodist Churches in RI with special concern for its urban nature.	
4. NAICS Code 813110			
6. Principal Office Address 35 Kilvert Street		City Warwick	State RI
		Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Clarice Gothberg		Vice-President Name Rev Sharon Baker	
Street Address 36 Vanderbilt Road		Street Address NKUMC 450 Boston Neck Road	
City Warwick	State RI	City N. Kingstown	State RI
Zip 02886		Zip 02852	
Secretary Name Rev Duane Clinker		Treasurer Name Rev. Betsy A. Garland	
Street Address 23 Davis Ave		Street Address 31 Strand Ave	
City Cranston	State RI	City Warwick	State RI
Zip 02910		Zip 02889	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Rev. Dr. Andrew L. Foster, III		Director Name Rev. John Fitzelle-Jones	
Street Address 12 Bay Spring Ave		Street Address 357 Pequot Ave	
City Barrington	State RI	City Warwick	State RI
Zip 02806		Zip 02889	
Director Name John Gallagher		Director Name Rev. Betsy A. Garland	
Street Address 211 Atlantic Ave, Apt. 11		Street Address 31 Strand Ave	
City Providence	State RI	City Warwick	State RI
Zip 02907		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.			
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 Betsy A. Garland			Date 06/27/2019
Signature of Officer/Authorized Representative Betsy A. Garland SIGN DOCUMENT HERE			

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov