

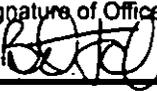


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 STAMP
 JUL 15 2019
 BY 5326 DS

1. Entity ID Number <u>30393</u>		2. Exact name of the Corporation TRINITY UNITED METHODIST CHURCH			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island WORSHIP, MINISTRY TO COMMUNITY AND BEYOND			
4. NAICS Code 813319 - Other Social Advoca					
6. Principal Office Address 375 BROAD STREET		City PROVIDENCE	State RI	Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL W WILLIAMS			Vice-President Name LUCIA JACKSON BARCON		
Street Address 56 BELFORT AVENUE			Street Address 171 WOODHAVEN ROAD		
City WARWICK	State RI	Zip 02889	City PAWTUCKET	State RI	Zip 02860
Secretary Name ABRAHAM ALLISON			Treasurer Name BETTY CLINTON		
Street Address 28 BURNSIDE STREET			Street Address 43 PAINE AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
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 TAILEY SOLOE			Director Name RODNEY CARTER		
Street Address 190 VEAZIE STREET			Street Address 187 BRIGHAM STREET		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02907
Director Name RUEBEN KOTEA			Director Name BISHOP JOHN INNIS		
Street Address 91 DOVER STREET			Street Address 819 FRANKLIN STREET WORCESTER		
City CRANSTON	State RI	Zip 02907	City WORCESTER	State MA	Zip 01604
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 BETTY CLINTON				Date 7/11/19	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

8. List ALL directors (names and addresses) Cont'd

MICHAELYN W. HNE
102 SOMERSET STREET
#3
PROVIDENCE, RI 02907

FILED

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BY

5326 DS

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