## Department of State - Business Services Division Annual Report for the year: 2019 FILED Non-Profit Corporation -> Filing period: June 1 - June 30 \_AUG 1 9 2019 → Filing Fee: \$20.00 -> Penalty. Additional \$25.00 fee if form is not filed by July 30. 1. Entity ID Number 2. Exact name of the Corporation THE TRUSTEES FOR THE EPWORTH UNITED METHOD [:\ 30447 3. State of Incorporation 5. Brief description of the character of business conducted in Rhode Island **RELIGIOUS** RHODE ISLAND 4. NAICS Code 813110 - Religious Organiza State 6. Principal Office Address City Zip 02861 915 NEWPORT AVENUE **PAWTUCKET** RI 7. List ALL officers (names and addresses) Check the box to indicate an attachment Vice-President Name ROBIN HARRIS President Name COLLIN GILLESPIE Street Address 24 CHANTILLY COURT Street Address 39 SARATOGA AVENUE State MA State RI Zip 02861 <sup>Z/p</sup> 02771 City PAWTUCKET City SEEKONK Treasurer Name BARBARA GILLESPIE Secretary Name DOROTHY HANIFORD Street Address 70 WITTIER ROAD Street Address 39 SARATOGA AVENUE State RI State RI Zip 02861 Zip 02861 City PAWTUCKET City PAWTUCKET 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ..... Director Name LINDA BRADY Director Name WILLIAM BISHOP Street Address 31 MARLAINE DRIVE Street Address 53 DAWSON STREET State RI <sup>Zip</sup> 02861 State <sup>Zip</sup> 02771 City PAWTUCKET <sup>City</sup> SEEKONK Director Name ARTHUR PRESCOTT Director Name PAUL GOUDREAU Street Address 45 MAPLEWOOD DRIVE Street Address 912 NEWMAN AVENUE State RI State MA <sup>Zip</sup> 02771 Zip 02861 <sup>City</sup> PAWTUCKET Chy SEEKONK 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 29-19 OATOANA (-11650) Proceso (1810) 1018 101 -3 - 4H 10: 00 Signature of £ AID BOAS SAB 02V1303A 3TATØ 30 7330 J.R MAIL TO:

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Division of Business Services

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