



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

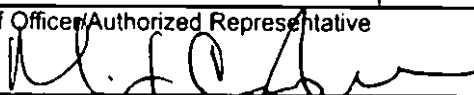
FILED

Annual Report for the year: 2019
 Non-Profit Corporation

AUG 29 2019

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY 1597 OS

1. Entity ID Number 000524205		2. Exact name of the Corporation Emmanuel Church at Manville, Smithfield			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Episcopal Church			
4. NAICS Code 813110					
6. Principal Office Address 120 Nate Whipple Highway		City Cumberland	State RI	Zip 02864	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LISA Tomasetti			Vice-President Name Phil Greil		
Street Address 6 Plantation Drive			Street Address 113 Grove Street		
City Cumberland	State RI	Zip 02864	City No. Attleboro	State MA	Zip 02760
Secretary Name Elain Freund			Treasurer Name Michael Cunningham		
Street Address 5 Fairway View Lane			Street Address 299 Old River Road		
City Norton	State MA	Zip 02766	City Lincoln	State RI	Zip 02865
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 John Verruso			Director Name Susan Lafreniere		
Street Address 135 Angell Road			Street Address 18 Miller Brook Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Hilary Lesperance			Director Name Lawrence Reynolds		
Street Address 17 Wagon Wheel Lane			Street Address 10 Crest View Road		
City Lincoln	State RI	Zip 02865	City West Greenwich	State 02865 RI	Zip 02817
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 Michael Cunningham				Date 7/28/19	
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