



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.

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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
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1. Entity ID Number 000052922		2. Exact name of the Corporation St. Paul's Church Society in Portsmouth			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non Profit Episcopal Church			
4. NAICS Code 813110 - Religious Organiza					
6. Principal Office Address 2675 East Main Rd		City Portsmouth	State RI	Zip 02871	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bradford S. Chase - Senior Warden		Vice-President Name Jeffery Reise - Junior Warden			
Street Address 31 Macomber Lane		Street Address 191 Freeborn Street			
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Marguerite Heenehan		Treasurer Name Elizabeth Follansbee			
Street Address 201 Atlantic Ave. #1		Street Address 237 Rolling Hill Rd			
City Westport	State MA	Zip 02790	City Portsmouth	State RI	Zip 02871
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 Bradford S. Chase		Director Name Elizabeth Follansbee			
Street Address 31 Macomber Lane		Street Address 237 Rolling Hill Rd			
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Director Name Jeffery Reise		Director Name			
Street Address 191 Freeborn Street		Street Address			
City Portsmouth	State RI	Zip 02871	City	State	Zip
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 BRADFORD S. CHASE					Date 01/18/2020
Signature of Officer/Authorized Representative 					

FILED

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

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