RI SOS Filing Number: 202040926540 Date: 5/26/2020 4:10:00 PM

State of Rhode Island and Providence Plantations  Department of State - Business Services Division					R.I. DEF BUS
Annual Report for the year:	2020				REC JS S
Non-Profit Corporation  → Filing period: June 1 - June 30  → Filing Fee: \$20.00  → Penalty: Additional \$25.00 fee if the second		July 30.		;	DEIVED T. OF STAT SVCS DIV
1. Entity ID Number	2. Exact name of	f the Corporation			<del>D</del> <del>M</del>
000027812	North Kingstown United Methodist Church				
3. State of Incorporation Rt  4. NAICS Code  813110 - Religious Organization	5. Brief description of the character of business conducted in Rhode Island Religious				
6. Principal Office Address			City	State	Zip
450 Boston Neck Road			North Kingstown	RI	02852
7. List ALL officers (names and addresses)			Check the box to indicate an attachment		
President Name Mark Zaccaria			Vice-President Name		
Street Address 35 Congdon Hill Road			Street Address		
City Saunderstown	State RI	<sup>Zip</sup> 02874	City	State	Zip
Secretary Name Marsha Taylor			Treasurer Name Elaine Marcia Roffo		
Street Address 611 Ten Rod Rd Apt 311			Street Address 940 Quaker Lane Apt 904		
City North Kingstown	State RI	<sup>Zip</sup> 02852	City Warwick	State RI	<sup>Zip</sup> 02818
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Director Name Peter Pelligrino			Director Name Alan Brown		
Street Address 24 Eden Court			Street Address 59 Fairway Drive		
City North Kingstown	State RI	<sup>Zip</sup> 02852	City North Kingstown	State RI	<sup>Zip</sup> 02852
Director Name Paula Martasian			Director Name		
Street Address 135 Apple Tree Court			Street Address		
City North Kingstown	State RI	<sup>Zip</sup> 02852	City	State	Žip
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, duty Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative  Elaine Marcia Roffo				Date May 21, 2020	
Signature of Officer/Authorized Representative  Clavia Marcin Rollo					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

