Annual Report for the year: Non-Profit Corporation	2020				RECEI EPT. O IS SVI
→ Filing period: June 1 - June 30 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if the second se	form is not filed by	July 30.	•		IVEO OF STAT CS DIV
1. Entity ID Number	2. Exact name of the Corporation				
000027812	North Kingstown United Methodist Church				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	Religious				
4. NAICS Code	1				
813110 - Religious Organization					
6. Principal Office Address			City	State	Zip
450 Bostoπ Neck Road			North Kingstown	RI	02852
7. List ALL officers (names and add	fresses)		Ched	k 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	^{Zip} 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	^{Zip} 02852	City Warwick	State RI	Zip 02818
8. List ALL directors (names and ac	ddresses). RI Corp	orations MUST I		Check the box to indic	cate 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	^{Zip} 02852	City North Kingstown	State RI	^{Zip} 02852
Director Name Paula Martasian			Director Name		
Street Address 135 Apple Tree Court			Street Address		
City North Kingstown	State RI	^{Zip} 02852	City	State	Zip
9. Registered Agent in Rhode Islan	d. This information i	s currently of recor	d in the Department of State. Change	s require filing Form 6	41.
Under penalty of perjury, I declar statements, and that all statemen			• • •	ompanying sched	ules and
This report must be signed by either the Pres	sident, Vice-President,	Secretary, Assistant S	ecretary, Treasurer, duly Authorized Repres	sentative, Receiver or Tru	stee.
Name of Officer/Authorized Representative Elaine Marcia Roffo				Date May 21, 2020	
Signature of Officer/Authorized Rep					
Claims Marin Roll	۵				

MAIL TO:

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

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

