

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2020

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.

FILED
JUN 0 8 2020
BY 3789
BY

1. Entity ID Number	2. Exact name of	_ :	of Warwick, Inc.		<del></del>		
State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	Church & Sunday School and Day-Care & Kindergarten						
4. NAICS Code		iday School an	a Day-Cale & Killdergalte				
813110 - Religious Organiza							
6. Principal Office Address			City	State	Zip		
311 Buttonwood Avenue			Warwick	RI	02886-7728		
7. List ALL officers (names and add	Check the box to indica						
President Name Rachel Livesey			Vice President Name				
			none				
Street Address 131 Welfare Avenue			Street Address				
City Warwick	State RI	<sup>Zip</sup> 02886	City	State	Zip		
Secretary Name Marilyn Farrell			Treasurer Name Richard Sheryka				
Street Address 959 Post Road, Building C, Unit 313			Street Address 33 Heights Avenue				
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02889		
	8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment						
Director Name Ernesto Mirabal			Director Name Eleanor Naysmith				
Street Address 54 Belvedere Drive			Street Address 50 Hicks Street				
City Cranston	State RI	<sup>Zip</sup> 02888	City Pawtucket	State RI	Zip 02860		
Director Name Robert Petrin			Director Name Maryanne Sheryka				
Street Address 209 Hoxie Avenue			Street Address 33 Heights Avenue				
City Warwick	State RI	<sup>Ζιρ</sup> <b>02889</b>	<sup>Слу</sup> Warwick	State RI	Zip 02889		
9. Registered Agent in Rhode Islan	d. This information i	is currently of record	In the Department of State, Chang	ges require filing Form 64	•		
Under penalty of perjury, I declar statements, and that all statemen	re and affirm that nts contained he	l have examined roin are true and	this report, including any accorrect.	ccompanying schedu	iles and		
This report must be signed by either the Pres	ident, Vica President, :	Secretary, Assistant Se	cretary, Treasurer, duly Authorized Rep	resentative, Receiver or Trus	100		
Name of Officer/Authorized Representative				Date			
Richard Sheryka, Treasurer	2 - E			June 3, 2020			
Signature of Office//Authorized Representative							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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