



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

FILED

Annual Report for the year: 2020  
 Non-Profit Corporation

JUN 26 2020

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

BY 8889 OS

1. Entity ID Number <u>29662</u>		2. Exact name of the Corporation <u>Perryville Bible Church</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>It is a church, a place of worship</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>220 Moonstone Beach Rd</u>		City <u>Wakefield</u>	State <u>RI</u>
		Zip <u>02879</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Rexford Fisher</u>		Vice-President Name <u>NONE</u>	
Street Address <u>23 Auburn Dr.</u>		Street Address <u>NONE</u>	
City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>	City <u>NONE</u>
Secretary Name <u>Heather Mills</u>		Treasurer Name <u>Sylvia Whaley</u>	
Street Address <u>1933 Ministerial Rd</u>		Street Address <u>1919 Ministerial Rd</u>	
City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>Wakefield</u>
		State <u>RI</u>	
		Zip <u>02879</u>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Wayne Seekell</u>		Director Name <u>Wayne Mills</u>	
Street Address <u>112 Old Mill Rd</u>		Street Address <u>1948 Ministerial Rd</u>	
City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>	City <u>Wakefield</u>
		State <u>RI</u>	
		Zip <u>02879</u>	
Director Name <u>Charles Radl</u>		Director Name	
Street Address <u>23 Sand Hill Rd</u>		Street Address	
City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>	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.			
<b>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.</b>			
<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 <u>Heather D. Mills - secretary</u>			Date <u>6/23/2020</u>
Signature of Officer/Authorized Representative <u>Heather D. Mills</u>			DOCUMENT HERE

MAIL TO:  
 Division of Business Services  
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 Website: www.sos.ri.gov