



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

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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.

| | | | | | |
|--|-----------------|---|---------------------------|--------------------------|---------------------|
| 1. Entity ID Number 000030271 | | 2. Exact name of the Corporation St. Mark Evangelical Lutheran Church | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island Religious | | | |
| 4. NAICS Code 813110 - Religious Organ | | | | | |
| 6. Principal Office Address 871 Harris Avenue | | | City Woonsocket | State RI | Zip 02895 |
| 7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name James McKamy | | Vice-President Name Robert Marcil | | | |
| Street Address 58 Sunset Drive | | Street Address 9 Homestead Road | | | |
| City Milford | State MA | Zip 01757 | City Cumberland | State RI | Zip 02864 |
| Secretary Name Kelly Mottram | | Treasurer Name Marilyn Banderet | | | |
| Street Address 42 Fanning Lane | | Street Address 10 Harvard Drive | | | |
| City Greenville | State RI | Zip 02828 | City Milford | State MA | Zip 01757 |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Peter Tierney | | Director Name Artine Gilpin | | | |
| Street Address 28 Hamlet Avenue | | Street Address 334 Eighth Avenue | | | |
| City Woonsocket | State RI | Zip 02895 | City Woonsocket | State RI | Zip 02895 |
| Director Name Lee Ann Guilfoil | | Director Name | | | |
| Street Address 151 Harkness Road, Apt. A | | Street Address | | | |
| City Millville | State MA | Zip 01529 | 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 Marilyn Banderet | | | | Date 6/27/2020 | |
| Signature of Officer/Authorized Representative <i>Marilyn Banderet</i> SIGN DOCUMENT HERE | | | | | |

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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