



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

JUL 01 2020

BY 352 DS

1. Entity ID Number 000027270		2. Exact name of the Corporation The First Universalist Church of Burrillville, Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious Services			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 134 Harrisville Main Street			City Harrisville	State RI	Zip 02830
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Betty Mencucci			Vice-President Name A Lucille Brown		
Street Address 1777 Victory Highway			Street Address 28 Stewart Court		
City Glendale	State RI	Zip 02826	City Harrisville	State RI	Zip 02830
Secretary Name Betty Mencucci			Treasurer Name Kerry Hopkins		
Street Address 1777 Victory Highway			Street Address 200 Pheasant Drive		
City Glendale	State RI	Zip 02826	City Mapleville	State RI	Zip 02839
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 Eliza Hopkins			Director Name Mabel Hopkins		
Street Address 160 Cherry Farm Road			Street Address 175 Cherry Farm Road		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Director Name Lenny Gianlorenzo			Director Name		
Street Address 491 Chapel Street			Street Address		
City Harrisville	State RI	Zip 0285309	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 Kerry Hopkins				Date 06/26/2020	
Signature of Officer/Authorized Representative <i>Kerry Hopkins</i>				SIGN DOCUMENT HERE	

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