



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 08 2020
 4693

1. Entity ID Number 29673		2. Exact name of the Corporation Spring Green Memorial Church			
3. State of Incorporation Rhode Island.		5. Brief description of the character of business conducted in Rhode Island Church			
4. NAICS Code 813110 - Religious Organ <input type="checkbox"/>					
6. Principal Office Address 1350 Warwick Avenue		City Warwick	State RI	Zip 02888	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Glenn Sykes			Vice-President Name Roberta Fitton		
Street Address 2060 Warwick Avenue			Street Address 58 Verndale Street		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Linda Forster			Treasurer Name Carol Lindberg		
Street Address 311 Landsdowne Road			Street Address 95 Sundale Road		
City Warwick	State RI	Zip 02888	City Cranston	State RI	Zip 02921
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 Jack Nalbandian			Director Name Janet Jones		
Street Address 595 Algonquin Road			Street Address 4040 Post Road		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02886
Director Name Christine Brainard			Director Name		
Street Address 49 Wood Street			Street Address		
City Warwick	State RI	Zip 02889	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 CAROL Lindberg				Date 7-4-2020	
Signature of Officer/Authorized Representative <i>Carol Lindberg</i>				SIGN DOCUMENT HERE	

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