



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. Corporate ID No.** 000138648

**2. Name of Corporation** United Congregational Church, in Newport, Rhode-Island

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813110

**4. Corporate Address in Rhode Island**

No. and Street: 524 VALLEY ROAD

City or Town: MIDDLETOWN

State: RI

Zip: 02842

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

ENACTED BY THE GENERAL ASSEMBLY DURING THE JUNE SESSION OF 1771. CHURCH

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.**

| Title          | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country    |
|----------------|------------------------------------------------|---------------------------------------------------------------|
| SECRETARY      | KATHLEEN A JACKSON                             | 19 SOUTH DRIVE<br>MIDDLETOWN, RI 02842 USA                    |
| TREASURER      | ALBERT H SPINNER III                           | 55 BELVEDERE DRIVE<br>BRISTOL, RI 02809 USA                   |
| PRESIDENT      | ELLEN A DAVIS                                  | 269 TURNPIKE AVE.<br>PORTSMOUTH, RI 02871 USA                 |
| DIRECTOR       | NANCY ADAMS                                    | 240 ISLAND DR.<br>MIDDLETOWN, RI 02842 USA                    |
| VICE PRESIDENT | CHRIS KIDD                                     | 10 PEACEFUL WAY<br>PORTSMOUTH, RI 02871 USA                   |
| DIRECTOR       | REV. R. JOSEPH TRIPP                           | 4001 N. MAIN ST. SHIPS WATCH #404<br>FALL RIVER, MA 02720 USA |
| DIRECTOR       | ROBERT ADAMS                                   | 35 WIMBLEDON CIRCLE<br>PORTSMOUTH, RI 02871 USA               |
| DIRECTOR       | BETH SMALL                                     | 48 TOP O' THE MARK DRIVE<br>JAMESTOWN, RI 02835 USA           |
| DIRECTOR       | JUDITH ADAMS                                   | 35 WIMBLEDON CIRCLE<br>PORTSMOUTH, RI 02871 USA               |
| DIRECTOR       | DONNA NEDDERMAN                                | 31 PERRY AVENUE<br>MIDDLETOWN, RI 02842 USA                   |
| DIRECTOR       | SARAH PEREZ                                    | 47 JEAN STREET<br>MIDDLETOWN, RI 02842 USA                    |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

KATHLEEN A. JACKSON 524 VALLEY ROAD MIDDLETOWN , RI 02842

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 19 Day of July, 2020 at 3:38:20 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By ELLEN A. DAVIS  
Signature of Authorized Person

Form No. 631  
Revised 09/07