



State of Rhode Island

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.

1. Entity ID Number 000030910		2. Exact name of the Corporation COVENANT CONGREGATIONAL CHURCH, PAWTUCKET, RHODE ISLAND			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A CHURCH			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address 143 GLENWOOD AVENUE		City PAWTUCKET		State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CLIFTON E TIDD			Vice-President Name NONE		
Street Address 37 REDWOOD DRIVE			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02911	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 CLIFTON E TIDD			Director Name DOROTHY BUTTRICK		
Street Address 37 REDWOOD DRIVE			Street Address 319 GLENWOOD AVENUE		
City NORTH PROVIDENCE	State RI	Zip 02911	City PAWTUCKET	State RI	Zip 02860
Director Name LINDA ZARSKI			Director Name NONE		
Street Address 129 MANISTEE STREET			Street Address		
City PAWTUCKET	State RI	Zip 02861	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative CLIFTON TIDD				Date 10/21/2020	
Signature of Officer/Authorized Representative 				FILED	

MAIL TO:
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Website: www.sos.ri.gov

BY

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OCT 25 2020