



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021

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.

JUN 04 2021
 BY 3807
OO

1. Entity ID Number <u>025837</u>		2. Exact name of the Corporation Christian Brethren of Warwick, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Church & Sunday School and Day-Care & Kindergarten			
4. NAICS Code 813110 - Religious Organizations					
6. Principal Office Address 311 Buttonwoods Avenue		City Warwick	State RI	Zip 02886-7728	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rachel Livesey			Vice-President Name none		
Street Address 131 Welfare Avenue			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Secretary Name Marilyn Farrell			Treasurer Name Richard Sheryka		
Street Address 959 Post Road, Building C, Unit 313			Street Address 33 Heights Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02889
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 Ernesto Mirabal			Director Name Eleanor Naysmith		
Street Address 54 Belvedere Drive			Street Address 50 Hicks Street		
City Cranston	State RI	Zip 02920	City Pawtucket	State RI	Zip 02860
Director Name Robert Petrin			Director Name Maryanne Sheryka		
Street Address 209 Hoxie Avenue			Street Address 33 Heights Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
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, duty Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Richard Sheryka, Treasurer				Date June 1, 2021	
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov