



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2021**

Non-Profit Corporation

→ Filing period: June 1 - June 30

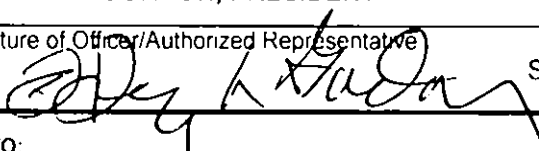
→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30

FILED

JUN 07 2021

BY 205562486

1 Entity ID Number 23965		2 Exact name of the Corporation TRINITY CHURCH LANDMARK PRESERVATION FUND,			
3 State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island THE OVERSIGHT & RAISING OF FUNDS FOR THE PRESERVATION OF HISTORIC TRINITY CHURCH IN NEWPORT, RI.			
4. NAICS Code 712120					
6. Principal Office Address HONEYMAN HALL ON QUEEN ANN SQUARE			City NEWPORT	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒					
President Name JEFFREY L. GORDON			Vice-President Name		
Street Address 185 GLEN FARM ROAD			Street Address		
City PORTSMOUTH	State RI	Zip 02871	City	State	Zip
Secretary Name RUFUS MEADOWS			Treasurer Name JAMES BURESS		
Street Address 2 COGGESHALL WAY			Street Address 166 RIVER RUN ROAD		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
8 List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment ☒					
Director Name PIETER ROOS			Director Name JAMES BURESS		
Street Address 6 SAW MILL ROAD			Street Address 166 RIVER RUN ROAD		
City WEST SIMSBURY	State CT	Zip 06092	City MIDDLETOWN	State RI	Zip 02842
Director Name JEFFREY L. GORDON			Director Name RUFUS MEADOWS		
Street Address 185 GLEN FARM ROAD			Street Address 2 COGGESHALL WAY		
City PORTSMOUTH	State RI	Zip 02871	City MIDDLETOWN	State RI	Zip 02842
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 JEFFREY L. GORDON, PRESIDENT				Date 06/01/2021	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

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