RI SOS Filing Number: 202197907960 Date: 6/7/2021 4:00:00 PM

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 2055624866

1 Entity ID Number	2 Exact name of the Corporation
23965	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	City	State	Zip
HONEYMAN HALL ON QUEEN ANN SQUARE	NEWPORT	RI	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.

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

Name of Officer/Authorized Representative	Date
JEFFREY L. GORDON, PRESIDENT	06/01/2021

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

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

FORM 631 - Revised: 06/2019