

FILED
JUN 17 2021

Handwritten initials

3408

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.

| | | | | | | | |
|---|----------|--|-------------------|--------------------------------|-------------|--------------------------|--|
| 1. Entity ID Number 28389 | | 2. Exact name of the Corporation First Congregational Church of Warwick | | | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island we are a church | | | | | |
| 4. NAICS Code 813110 - Religious Organization <input type="checkbox"/> | | | | | | | |
| 6. Principal Office Address 715 Oakland Beach Ave | | | | City Warwick | State RI | Zip 02889 | |
| 7. List ALL officers (names and addresses) | | | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name C. Harry Edwards | | | | Vice-President Name | | | |
| Street Address 70 Howie Ave | | | | Street Address | | | |
| City Warwick | State RI | Zip 02888 | City | State | Zip | | |
| Secretary Name Dianna Hall | | | | Treasurer Name Richard Legge | | | |
| Street Address 29 Marjorie Lane | | | | Street Address 56 Woodland Rd. | | | |
| City Warwick | State RI | Zip 02886 | City E. Greenwich | State RI | Zip 02818 | | |
| 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 C. Harry Edwards | | | | Director Name Johnathon Miller | | | |
| Street Address 70 Howie Ave | | | | Street Address 83 Hermit Drive | | | |
| City Warwick | State RI | Zip 02888 | City Warwick | State RI | Zip 02889 | | |
| Director Name Richard Legge | | | | Director Name | | | |
| Street Address 56 Woodland Rd | | | | Street Address | | | |
| City E. Greenwich | State RI | Zip 02818 | 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 <i>Dianna Hall</i> | | | | | | Date <i>6-15-2021</i> | |
| Signature of Officer/Authorized Representative <i>Dianna Hall</i> | | | | | | | |

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