RI SOS Filing Number: 202198552420 Date: 6/22/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the ye <u>ar:</u>	± 021	
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	•
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JUN 2 2 2021

1. Entity ID Number 000140972	2. Exact name of the Corporation Christ Church, in the Town of Westerly				
State of Incorporation RI	Brief description of the character of business conducted in Rhode Island Religious organization				
4. NAICS Code 813110 - Religious Organizatid▼	1				
6. Principal Office Address			City	State	Zip
7 Elm Street			Westerly	RI	02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Senior Warden/Caswell Cooke Jr		Vice-President Name Junior Warden/Sarah Starkweather			
Street Address 7 Elm Street		Street Address 7 Elm Street			
City Westerly	State RI	^{Zip} 02891	^{City} Westerly	State RI	^{Zip} 02891
Secretary Name Clerk/Natalie Pukas		Treasurer Name Daniel Leonard			
Street Address 7 Elm Street		Street Address 7 Elm Street			
City Westerly	State RI	^{Zip} 02891	City Westerly	State RI	^{Zip} 02891
8. List ALL directors (names and	addresses). RI (Corporations MUST	list at least THREE directors	s. Check the box to indic	ate an attachment
Director Name Kuruvilla K Chandy		Director Name Caswell Cooke, Jr			
Street Address 7 Elm Street		Street Address 7 Elm Street			
^{City} Westerly	State RI	^{Zip} 02891	City Westerly	State RI	^{Zip} 02891
Director Name Sarah Starkweather		Director Name			
Street Address 7 Elm Street		Street Address			
^{City} Westerly	State RI	^{Zip} 02891	City	State	Zip
9. The Registered Agent informa	tion of record wi	th the RI Departmer	nt of State is accurate. Chan	nges require filing Form 64	i
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 Daniel Leonard, Treasurer			Date	Date	
Signature of Officer/Authorized F	epresentative	·· ····			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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