RI SOS Filing Number: 202198829450 Date: 6/28/2021 4:00:00 PM



State of Rhode Island

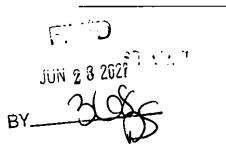
## **Department of State - Business Services Division**

## 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.



1. Entity ID Number	2 Exact name o	f the Comoration	<del></del>			
000027270	2. Exact name of the Corporation  The First Universalist Church of Burrillville, Rhode Island					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Religious Services					
4. NAICS Code	1					
813110 - Religious Organizati 🔻						
6. Principal Office Address	<u> </u>		City	State	Zip	
134 Harrisville Main Street			Harrisville	RI	02830	
7. List ALL officers (names and ac	dresses)			Check the box to indi	cate an attachment	
President Name Betty Mencucci			Vice-President Name A Lucille Brown			
Street Address 1777 Victory Highway			Street Address 28 Stewart Court			
<sup>City</sup> Glendale	State RI	<sup>Zip</sup> 02826	City Harrisville	State RI	<sup>Zip</sup> 02830	
Secretary Name Betty Mencucci			Treasurer Name Kerry Hopkins			
Street Address 1777 Victory Highway			Street Address 200 Pheasant Drive			
<sup>City</sup> Glendale	State RI	<sup>Zip</sup> 02826	City Mapleville	State RI	<sup>Zip</sup> 02839	
8. List ALL directors (names and	addresses). RI Con	porations MUST	list at least THREE directors.	Check the box to indi	cate an attachment	
Director Name Eliza Hopkins			Director Name Mabel Hopkins			
Street Address 160 Cherry Farm Road			Street Address 175 Cherry Farm Road			
<sup>City</sup> Harrisville	State RI	<sup>Zip</sup> 02830	<sup>City</sup> Harrisville	State RI	<sup>Zip</sup> 02830	
Director Name Lenny Gianiorenzo			Director Name			
Street Address 491 Chapel Street			Street Address			
City Harrisville	State RI	<sup>Zip</sup> 02830	City	State	Zip	
9. The Registered Agent informat	on of record with the	ne RI Departmen	t of State is accurate. Chang	es require filing Form 64	1.	
Under penalty of perjury, I deci statements, and that all statem	are and affirm tha ents contained he	t I have examine rein are true an	ed this report, including an d correct.	y accompanying sched	lules and	
This report must be signed by either the Pr	esident, Vice-President,	Secretary, Assistant S	Secretary, Treasurer, duly Authorized	Representative, Receiver or Tri	ustee.	
Name of Officer/Authorized Representative				Date		
Kerry Hopkins				06/22/2021		
Signature of Officer/Authorized Re	presentative					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov