



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.

FILED Stamp

JUL 21 2021

BY

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1. Entity ID Number 000026489		2. Exact name of the Corporation Holy Trinity Parish			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious worship & service to community			
4. NAICS Code 813110 - Religious Organizations					
6. Principal Office Address 1956 Main Road			City Tiverton	State RI	Zip 02878
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name The Rev. John Higginbotham			Vice-President Name Samuel Hester		
Street Address 1954 Main Road			Street Address 8 Jib Court		
City Tiverton	State RI	Zip 02878	City Middletown	State RI	Zip 02842
Secretary Name Alexander F. Grande			Treasurer Name David A. Brower		
Street Address 106 Spring Hill Road			Street Address 128 Sakonnet Ridge Drive		
City Portsmouth	State RI	Zip 02871	City Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Laurie Thibodeau			Director Name Marilou Dutra		
Street Address 28 Brackett Avenue			Street Address 127 Bigelow Street - 3rd Floor		
City Tiverton	State RI	Zip 02878	City Fall River	State MA	Zip 02724
Director Name Allison Cywin			Director Name Kathy Sayers		
Street Address 235S Cadmans Neck Road			Street Address 97 Tickle Road		
City Westport	State MA	Zip 02790	City Westport	State MA	Zip 02790
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.					
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 The Rev. John E. Higginbotham				Date 7/09/2021	
Signature of Officer/Authorized Representative <i>The Rev. John E. Higginbotham</i>					

MAIL TO:

Division of Business Services

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