State of Rhode Island

Department of State - Business Services Division

FILED STATE
JUL 21 2021
BY 11189

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 of the Corporation
000026489	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	City	State	Zip
1956 Main Road	Tiverton	RI	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	Date
The Rev. John E. Higginbotham	7/09/2021

Signature of Officer/Authorized Representative: The Rev. John E. Higginbotham

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: 08/2020