RI SOS Filing Number: 202199484810 Date: 7/22/2021 4:00:00 PM

(FF)

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.

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1 Entity ID Number	2 Evant	(the Cort'					
1. Entity ID Number 000028105	2. Exact name of the Corporation Calvany United Methodist Church						
	Calvary United Methodist Church						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	Operate a nou	se or worsnip, j	providing ministry and outreach	to the community	•		
4. NAICS Code							
813110 - Religious Organizati							
6. Principal Office Address			City	State	Zip		
200 Turner Rd.			Middletown	RI	02842		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Rev. Laurie Percival Pauley			Vice-President Name Glenn Sugawara				
Street Address 24 Jib Court			Street Address 328 McCorrie Lane				
^{City} Middletown	State RI	^{Zip} 02842	City Portsmouth	State RI	^{Zip} 02871		
Secretary Name Betty Serls	Treasurer Name Margaret Barrett						
Street Address 10 Tucker Court			Street Address 19 Osage Drive				
City Portsmouth	State RI	^{Z₁p} 02871	City Middletown	State RI	^{Zip} 02842		
8. List ALL directors (names and a	ddresses). RI Coη	porations MUST		Check the box to indica	ate an attachment		
Director Name Kyle Barrett			Director Name Charles Beltz				
Street Address 19 Osage Drive			Street Address 186 Meadow Lane				
^{City} Middletown	State RI	^{Zip} 02842	City Middletown	State RI	^{Zip} 02842		
Oirector Name Beth Paolero Director Name				· · · · · · · · · · · · · · · · · · ·			
Street Address 37 Ferreira Terrace			Street Address				
^{City} Middletown	State RI	^{Z₁p} 02842	City	State	Zıp		
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			
Rev. Laurie Percival Pauley	7/18/2021						
Signature of Officer/Authorized Representative Company							

MAIL TO:

Division of Business Services

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

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