



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2021

Non-Profit Corporation

JUL 2 2021

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY

Signature of Rev. Laurie Percival Pauley

1. Entity ID Number 000028105		2. Exact name of the Corporation Calvary United Methodist Church			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Operate a house of worship, providing ministry and outreach to the community.			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address 200 Turner Rd.		City Middletown		State RI	Zip 02842
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02871	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
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
Director Name Beth Paolero			Director Name		
Street Address 37 Ferreira Terrace			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Rev. Laurie Percival Pauley				Date 7/18/2021	
Signature of Officer/Authorized Representative <i>Rev. Laurie Percival Pauley</i>					

MAIL TO:

Division of Business Services

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