



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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2021 AUG -5 AM 12:13

1. Entity ID Number <b>00029067</b>		2. Exact name of the Corporation <b>Park Place Congregational United Church of Christ</b>			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island We are a non profit church serving the needs of our members and the surrounding community spiritually.			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 71 Park Place		City Pawtucket	State RI	Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
President Name Shirley Bishop Harris			Vice-President Name Virginia Platt		
Street Address 109 Homewood Avenue			Street Address 11 Nancy Street		
City North Providence	State RI	Zip 02911	City Pawtucket	State RI	Zip 02860
Secretary Name Lynn Usher			Treasurer Name Deborah Poland		
Street Address 111 Ridgewood Road			Street Address 3 Camelot Circle		
City Pawtucket	State RI	Zip 02860	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment: <input type="checkbox"/>					
Director Name Kristine Gervais			Director Name Wayne Patenaude		
Street Address 71 Park Place			Street Address 71 Park Place		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Andrea Padula			Director Name		
Street Address 71 Park Place			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
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 Deborah Poland				Date 06/30/2021	
Signature of Officer/Authorized Representative <i>Deborah Poland</i>					

FILED

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