



Department of State - Business Services Division

Annual Report for the year: 2020
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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 R.I. DEPT. OF STATE
 BUS SVCS DIV
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1. Entity ID Number 000029067	2. Exact name of the Corporation Park Place Congregational United Church of Christ
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 community spiritually.
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>	

6. Principal Office Address 71 Park Place	City Pawtucket	State RI	Zip 02860
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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 02861	City Johnston	State RI	Zip 02919

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 Wayne Patenaude			Director Name Kristine Gervais		
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.

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 Deborah Poland	Date 06/30/2021
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Signature of Officer/Authorized Representative <i>Deborah Poland</i>	FILED
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