



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 SEP -9 AM 9:15

Annual Report for the year: 2018
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 30351		2. Exact name of the Corporation Trinity Church, Pawtuxet			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Episcopal Church Religious organization			
4. NAICS Code 813110					
6. Principal Office Address 139 Ocean Ave.			City Cranston	State RI	Zip 02905
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nancy Dorsey			Vice-President Name Jay Burns		
Street Address 5 Ninth Ave.			Street Address 162 Doyle Ave. #3		
City Warrick	State RI	Zip 02886	City Providence	State RI	Zip 02908
Secretary Name Angela Butler			Treasurer Name Nancy Haight		
Street Address 161 Ocean Ave.			Street Address 55 Dahlia St.		
City Cranston	State RI	Zip 02905	City Warrick	State RI	Zip 02888
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 William Caldwell			Director Name Marcia Lima		
Street Address 84 Massasoit Ave.			Street Address 38 Capt. John Jacobs Rd.		
City Cranston	State RI	Zip 02905	City East Providence	State RI	Zip 02914
Director Name Wayne Barnes			Director Name		
Street Address 165 Ocean Ave.			Street Address		
City Cranston	State RI	Zip 02905	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 Margaret E Thomas				Date 9-6-21	
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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