



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2022

**1. Corporate ID No.** 001726171

**2. Name of Corporation** St. Paul's United Methodist Church of Newport

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Principal Office Address**

No. and Street: 12 MARLBOROUGH ST

City or Town: NEWPORT

State: RI

Zip: 02840

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

RELIGIOUS. MEMBER OF THE UNITED METHODIST CONFERENCE OF NEW ENGLAND. CHARTERED AS THE METHODIST EPISCOPAL CHURCH AND CONGREGATION BY THE RI GENERAL ASSEMBLY IN MAY 1807. IN APRIL 1893 THE METHODIST EPISCOPAL CHURCH CORPORATION TRANSFERRED ITS LAND AND PROPERTY TO THE TRUSTEES OF THE FIRST METHODIST EPISCOPAL CHURCH IN NEWPORT, RI. A CHARTER CHANGE IN APRIL 1940, NEW NAME ST. PAULS METHODIST CHURCH OF NEWPORT. A CHARTER CHANGE IN DEC. 1978, NEW NAME ST. PAULS UNITED METHODIST CHURCH OF NEWPORT.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island**

**Corporation shall not be less than 3.**

| <b>Title</b>  | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|---------------|---|---|
| INCORPORATOR  | TIMOTHY SOMES   | 26 CHAMPLIN ST<br>NEWPORT, RI 02840 USA                           |
| INCORPORATOR  | JAEGIL LEE  | 49 AYRAULT ST<br>NEWPORT, RI 02840 USA                            |
| INCORPORATOR  | MICHAEL MCMILLIN                                      | 27 CONCORD DR<br>MIDDLETOWN, RI 02842 USA                         |
| OTHER OFFICER | TIMOTHY E SOMES                                       | 26 CHAMPLIN ST<br>NEWPORT, RI 02840 USA                           |
| DIRECTOR      | MICHAEL MCMILLIN                                      | 27 CONCORD DR<br>MIDDLETOWN, RI 02842 USA                         |
| DIRECTOR      | JAEGIL LEE  | 49 AYRAULT ST<br>NEWPORT, RI 02840 USA                            |
| DIRECTOR      | TIMOTHY SOMES   | 26 CHAMPLIN ST<br>NEWPORT, RI 02840 USA                           |

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

TIMOTHY SOMES 12 MARLBOROUGH STREET NEWPORT , RI 02840

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 19 Day of January, 2022 at 8:55:51 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By TIMOTHY E SOMES  
Signature of Authorized Person

Form No. 631  
Revised 09/07