



State of Rhode Island
Department of State - Business Services Division

FILED

'APR 04 2022' R.I.S.D.
BY

Annual Report for the year: 2022

Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

| | | | | | |
|---|-----------------|--|---|-------------------------------|------------------|
| 1. Entity ID Number 000036469 | | 2. Exact name of the Corporation Foster Rhode Island Clergy Association | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island Ecumenical Religious and Humanitarian Activities | | | |
| 4. NAICS Code 813110 - Religious Organizations | | | | | |
| 6. Principal Office Address 81 East Killingly Road | | City Foster | State RI | Zip 02825 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Rev. Barry Arruda | | | Vice-President Name Roy Shippee | | |
| Street Address 81 East Killingly Road | | | Street Address 186 Hartford Pike | | |
| City Foster | State RI | Zip 02825 | City Foster | State RI | Zip 02825 |
| Secretary Name Rev. Robert Hollis | | | Treasurer Name Dorothy Shippee | | |
| Street Address 59A Balcom Road | | | Street Address 186 Hartford Pike | | |
| City Foster | State RI | Zip 02825 | City Foster | State RI | Zip 02825 |
| 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 Rev. Robert Hollis | | | Director Name Rev. Betsy Aldrich Garland | | |
| Street Address 59A Balcom Road | | | Street Address 210 Plainfield Pike | | |
| City Foster | State RI | Zip 02825 | City Foster | State RI | Zip 02825 |
| Director Name Rev. Scott Knox | | | Director Name | | |
| Street Address 150 Foster Center Road | | | Street Address | | |
| City Foster | State RI | Zip 02825 | 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. | | | | | |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small> | | | | | |
| Name of Officer/Authorized Representative Dorothy Shippee, treasurer | | | | Date March 21, 2022 | |
| Signature of Officer/Authorized Representative | | | | | |

MAIL TO:
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