



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Non-Profit Corporation

JAN 30 2023

BY 554
00

- 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 <u>000030426</u>		2. Exact name of the Corporation <u>THE WOMEN'S GUILD OF THE BENEFICENT CONGREGATIONAL CHURCH (UNITED CHURCH OF CHRIST)</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>CHURCH</u>			
4. NAICS Code <u>831110</u>					
6. Principal Office Address <u>300 WEYBOSSET STREET</u>			City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02903</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>MARY RYDER</u>		Vice-President Name <u>NONE</u>			
Street Address <u>171 LAUREL AVENUE</u>		Street Address			
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02906</u>	City	State	Zip
Secretary Name <u>NONE</u>		Treasurer Name <u>JANE EASTMAN</u>			
Street Address		Street Address <u>29 KIRKBRAE DRIVE</u>			
City	State	Zip	City <u>LINCOLN</u>	State <u>RI</u>	Zip <u>02865</u>
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 <u>MARY RYDER</u>		Director Name <u>JANE EASTMAN</u>			
Street Address <u>171 LAUREL AVENUE</u>		Street Address <u>29 KIRKBRAE DRIVE</u>			
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02906</u>	City <u>LINCOLN</u>	State <u>RI</u>	Zip <u>02865</u>
Director Name <u>IRENE HOPE</u>		Director Name <u>CAROL KANEA</u>			
Street Address <u>15 RIDGEFIELD DRIVE</u>		Street Address <u>331 CENTERVILLE ROAD</u>			
City <u>EAST GREENWICH</u>	State <u>RI</u>	Zip <u>02816</u>	City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02886</u>
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 <u>JANE EASTMAN</u>					Date <u>1/27/2023</u>
Signature of Officer/Authorized Representative <u>Jane Eastman</u>					

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

Printed on 100% Recycled Paper

FORM 334A Revised: 08/2020

100 Pork Hill Road, Woonsocket, New Hampshire 03894 to 50 Govets Lane, Wrentham, New York