



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2023

FEB 03 2023

4329 *02*

→ 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 000031353		2. Exact name of the Corporation Riverpoint Advent Christian Church of West Warwick	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Conducting religious services of Worship and Bible Study	
4. NAICS Code 813110			
6. Principal Office Address 1107 Main Street		City West Warwick	State RI
		Zip 02893	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Ronald Silva		Vice President Name <i>Pastor</i> Rev. Douglas W. Tourgee	
Street Address 3 Kowalik Drive		Street Address 174 Fairview Ave.	
City West Warwick	State RI	City Coventry	State RI
Zip 02893		Zip 02816	
Secretary Name Doreen F. Waddington		Treasurer Name Robert Skorohod	
Street Address 17 Calvin Street		Street Address 9 Hill Street	
City Hope	State RI	City Coventry	State RI
Zip 02831		Zip 02816	
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 Richard P. Champagne, Jr.		Director Name Barbara Chaput	
Street Address 2 Old Hope Rd		Street Address 155 Read Ave	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02831	
Director Name Frederick D. Waddington		Director Name	
Street Address 17 Calvin Street		Street Address	
City Hope	State RI	City	State
Zip 02831		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 Doreen F. Waddington			Date Feb. 1, 2023
Signature of Officer/Authorized Representative Doreen F. Waddington			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 11/2021