



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2023

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.

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|--|-------------|---|---|--------------------|--------------|
| 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 - Religious Organization <input type="checkbox"/> | | | | | |
| 6. Principal Office Address 139 Ocean Avenue | | | 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 Margaret Thomas, Senior Warden | | | Vice-President Name Rob Duncanson, Junior Warden | | |
| Street Address 21 Derman Street | | | Street Address 122 Longwood Avenue | | |
| City Rumford | State RI | Zip 02916 | City Warwick | State RI | Zip 02888 |
| Secretary Name Maureen Mooney, Clerk | | | Treasurer Name Ann Walter | | |
| Street Address 181 Columbia Avenue | | | Street Address 505 W. Shore Road, Apt. 105 | | |
| City Warwick | State RI | Zip 02888 | City Warwick | State RI | Zip 02889 |
| 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 Gail Anderson | | | Director Name Wayne Barnes | | |
| Street Address 84 Deborah Road | | | Street Address 165 Ocean Avenue | | |
| City Warwick | State RI | Zip 02888 | City Cranston | State RI | Zip 02905 |
| Director Name Barbara Chartier | | | Director Name Donna Blue-Tobin | | |
| Street Address 191 Puritan Drive | | | Street Address 19 Silver Birch Road | | |
| City Warwick | State RI | Zip 02888 | City Warwick | State RI | Zip 02888 |
| 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 Ann E. Walter, Treasurer | | | | Date 02/16/2023 | |
| Signature of Officer/Authorized Representative <u>Ann E. Walter, Treasurer</u> | | | | | |

MAIL TO:

Division of Business Services

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