



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

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.

FILED

FEB 21 2023

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BY

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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 ☐					
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					
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					
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 Ann E. Walter, Treasurer					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 631 - Revised: 2/2023