



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. Corporate ID No.** 000030409

**2. Name of Corporation** PORTSMOUTH UNITED METHODIST CHURCH

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813110

**4. Principal Office Address**

No. and Street: 2732 EAST MAIN ROAD

P.O. BOX 265

City or Town: PORTSMOUTH

State: RI

Zip: 02871

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

ENACTED THROUGH THE GENERAL ASSEMBLY DURING THE MAY SESSION OF  
1871. RELIGIOUS AFFAIRS

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	CLIFFORD JEFFRIES	3 RUSSETT ROAD MIDDLETOWN, RI 02842 USA
VICE PRESIDENT	JEANNIE INGRAHAM	55 SIGOURNEY ROAD PORTSMOUTH , RI 02871 USA
DIRECTOR	JOHN FARLEY	30 LONG MEADOW RD PORTSMOUTH, RI 02871 USA
DIRECTOR	JOANNE LAKE	275 SEA MEADOW DRIVE PORTSMOUTH, RI 02871 USA
DIRECTOR	GARFIELD WEYMOUTH	78 BRAMAN'S LANE PORTSMOUTH, RI 02871 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

R. DAV ID HUTCHINSON 1 SMITHFIELD DRIVE MIDDLETOWN , RI 02842

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 23 Day of March, 2023 at 5:17:29 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By CLIFFORD JEFFRIES  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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