RI SOS Filing Number: 202332189790 Date: 3/31/2023 4:00:00 PM State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	2023
Non-Profit Corporation	2023

→ 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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BY	
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1. Entity ID Number	2. Exact name of	•					
000036469	Foster Rhode Island Clergy Association						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Ecumenical Religions and Humanitarian Activities						
4. NAICS Code	LCUMENICAL INTIGIONS and Humanitarian ACTIVITIES						
813110-Religions. Organization					<u> </u>		
6. Principal Office Address			City	State	Zip		
81 East Killingly Ro	ad		Foster	RI	02825		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Rev. Barry Arruda			Vice-President Name Ray Shippee				
Street Address Si East Killingly Road			Street Address 186 Hartford Pike				
City Foster	State R I	Zip 02825	CityFoster	State R I	Zip O 28 2 S		
Secretary Name Tracey Griffing	Treasurer Na			irer Name .			
Street Address 55 Balcom Road			Street Address 186 Haltford Pike				
City Foster	State R I	Zip © 2825	CityFoster	State R /	Zip 0 2825		
8. List ALL directors (names and a	ddresses). RI Com		st at least THREE directors.	Check the box to inc	dicate an attachment		
Director Name Rev. Betsy Aldrich Garland			Director Name Karen Ward				
Street Address 210 Plaint & W Pike			Street Address 55 Balkom Road				
City Foster	State R I	Zip ()2825	City Foster	State R I	Zip 02825		
Director Name Rev. Scott Knox			Director Name	,	() <u>a</u>		
Street Address 150 Foster Center	Rd.		Street Address •				
Cny Foster	State 1	Zip OZ825	City	State	Zip		
9. The Registered Agent information							
Under penalty of perjury, I declar statements, and that all statements	ere and affirm that ents contained he	l I have examined rein are true and	I this report, including any according any according any according to the correct.	ompanying sche	dules and		
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			Date	- 1			
Dorothy Shippee, treasurer . March 29, 2023							
Signature of Officer/Authorized Representative							
Dorthy Shippu							